Common Itwasta leashestos waste or	IAL WASTE & DESBESTOS MANIFEST Omplete Sections I, II, III and IV. Ste, complete only Sections I, II and III. No. 946159
GENERATOR	(Generator completes all of Section I)
8 Generator Name: If 4115 AMERICAN Pofining Com	b. Generating Location:
C. Address Name 1 & 70070	
	d. Address:
e. Phone No.:504 764 8611	4.00
If owner of the generating facility differs from the generator, provide:	f. Phone No.:
g. Owner's Name:	h. Owner's Phone No.: 243295
i. BFI WASTE CODE LA 620 970 4	2 9 3 22 9 5 Containers DM - METAL DRUM
j. Description of Waste: Spent Catalyst/Absorbents	DP - PLASTIC DRUM
The state of the s	No. TYPE BA - 6 MIL. PLASTIC BA
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged.	P Q 1 T TRUCK
Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 281	restricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS
Generator Authorized Agent Name Signature	Y - CUBIC YARDS O - OTHER
	Shipment Date
TRANSPORTER (Generator	complete a-d: Transporter I complete a-d: Transporter II complete h-n
a. Name: B F I	TRANSPORTER II
P 0 Box 605	h. Name;
Sorrento, LA 70778	i. Address:
Driver Name/Title: LIKE Pah 27	2000
1. Phone No.: 6.75.403 1. PRINT/TYPE e. Truck No.: 12 5	j. Driver Name/Title:
Vehicle Line 19 19 20 / 4 9 P. Truck No.: 18 5	k. Phone No.: PRINT/TYPE
Vehicle License No./State: R324462. Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
	Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date	n
Section III DESTINATION (Generator con	Driver Signature Shipment Date Shipment Date
Site Name: Colonial Landfill	
Physical Address: Hiway 70 Sorrento EA 70778	c. Phone No.:
Section Control of the Control of th	d. Mailing Address
Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the t	- 100
The state of the s	best of my knowledge the foregoing is true and accurate.
Name of Authorized Agent Knox Koncel of Kn	100 160596
Signature	Receipt Date
Operator's* Name:	olete a-d, f, g, Operator* completes e.)
Operator's Address:	b. Operator's Phone No.: 5/ 226
	40.600
Special Handling Instructions and additional Information:	
red, marked, and labeled, and are in all representations of this consignment	nt are fully and accurately described above by proper shipping name and are classified, ighway according to applicable international and government regulations.
the art air respects in proper condition for transport by h	IIIONWAY according to perliable to
ked, marked, and labeled, and are in all respects in proper condition for transport by h Deerator's Name & Title:	inghway according to applicable international and government regulations.

g. 🗌 Friable, 🗌 Non-friable; 🔲 Both ____

SORDER ONLY THROUGH BFI / UARCO CONTRACT

	NSAMERICAN DATE 5-29-86
MATERIAL SPENT CATANST absorbants CARRIER BFI TRUCK AND TRAILER NO. 132-C155 DELIVER TO: BFI Schentz Lat	MANIFEST NO. 946158 BILL OF LADING DRIVER: ON OFF
DATE TIME SHIPPER Trans American DRIVER Jon Maby White/SECURITY Yellow/ACCOUNTING	00000
William Cooking Cooking	
If waste is asbestos waste, comit waste is NOT asbestos waste, comit waste is NOT asbestos waste. Section I GENERATOR (Ge	plete Sections I, II, III and IV. complete only Sections I, II and III. No. 946158 b. Generating Location: d. Address:
e Phone No. 504 764 8611	
e. Phone No.: 304 704 5011 If owner of the generating facility differs from the generator, provide:	f. Phone No.:
I. BFI WASTE CODE LA LA D 97047 J. Description of Wabte: Spent Catalyst Absorbents	h. Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BAG B - 6 MIL. PLASTIC BAG OF WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a proviously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. V SCOTT ATTEM TO SPEC. Generator Authorized Agent Name Signature	and is in proper condition for transportation according to
TRANSPORTER (Generator TRANSPORTER I	Transporter I complete e-g Complete a-d; Transporter II complete h-n
LANCOTOTEOT	complete a-d. Transporter II complete h-n)

J. Description of Wabte: - Spent Catalyst Ab	sorbents	Quantity Units	No TVDE	B - BAG
		1 400 1	No. TYPE	BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the a any applicable state law, has been properly described, clas applicable regulations; AND, if the waste is a treatment res Restrictions, I certify and warrant that the waste has been tro hazardous waste as defined by 40 CFR Part 261. V Scott Allen Env Spec. Generator Authorized Agent Name	astifled and packaged, and is in aldue of a previously restricts to ated in accordance with the re	n proper condition for trans, and hazardous waste subject quirements of 40 CFR Part 2 Shipment	portation according to t to the Land Disposal 268 and is no longer a	O - OTHER UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS O - OTHER
Section II TRANSPO	ORTER (Generator comple	te a-d; Transporter II comp		
a. Name: B F I b. Address: P 0 Box 605 Sorrento, LA 70778	10 to	Name:	TRANSPORTER	
c. Driver Name/Title: John Mosty St. d. Phone No.: 675-802 PRINT/TYPE e. Truck	j. (No.: 130 k.	Driver Name/Title:	PRII	NT/TYPE I. Truck No.:
f. Vehicle Lloense No./State:	5B996	Vehicle License No./Sta Acknowledgement of		s.
	TION (Generator completes	Driver Signature a-d, destination site comple	ites e-f.)	Shipment Date
a. Site Name: Colontal Landfill b. Physical Address 11way 70 Sorrento 70778 La. e. Discrepancy Indication Space:		Mailing Address		
I hereby certify that the above named material has been	accepted and to the best of	of my knowledge the fore	going is true and accu	rate.
1. April 01 · DAN'S Light Signature	- Our	U 5 Z 9 Receipt Da	9 C	
Section IV	TOS (Generator complete a	a-d, f, g, Operator* completes	s e.)	
a. Operator's* Name:	b.	Operator's* Phone No.:		
c. Operator's Address:				
d. Special Handling Instructions and additional information	¢			
OPERATOR'S CERTIFICATION: I hereby declare that the corpacked, marked, and labeled, and are in all respects in proper co	ntents of this consignment are ondition for transport by high	e fully and accurately descrively according to applicable	ribed above by proper s international and govern	hipping name and are classified,
e. Operator's* Name & Title:		À		FITT
f. Name and Address of Responsible Agency:		Operator's Sig	nature	Date
g. Friable; Non-friable; Both	% friable	- I service we recommend by a		
* Operator refers to the company which owns, leases, operates, of	controls, or supervises the facili	tir house demolished or renor	rated or the demolitics of	recovation anacetics, as here

GENERATOR (Compared compared and decided) a. September No.: p. Phone No.: Address:		, complete Sections I, II, III and IV. No. 946157
a. Generation Name - P - Sex 567 c. Address - Nor.Co., LA 70978 d. Phone No: Some transfer from the generator, provides d. Description of Waster Spent Ca tallysty Absorbents d. Description of Waster Spent Ca tallysty Absorbent Ca tallysty Ca tallysty Absorbent Ca tallysty Ca t	Section I GENERATOR	(Generator completes all of Section I)
C. Address N.D.C.G. LA 70879 d. Address: I. Phone No: 504 764 8611 I. Phone No: 10 generating facility differs from the generator, provide: I. Owner's Phone No: I. SEF WASTE CODE I. Phone No: 10 generating facility differs from the generator, provide: I. BEF WASTE CODE I. Description of Waste: Spent Catalysty Absorbents I. Description of Waste: Spent Catalysty and provide and pr	Twansamowican Refining Corn	
e. Phone No: If owner of the generating facility offices from the generator, provides g. Owner's Name: BFI WASTE CODE LEFT WASTE CODE LEF	P 0 Box 637	d Address:
e. Phone No. 504 768 R611 If owner's Name: G. Owner's Name: L BFI WASTE CODE L P L D D D D D D D D D D D D D D D D D	c. Address Roll Go. Ch. 7000	
Description of Waster Spent Cotalyst Absorbents Description of Cotalyst Absorbents Description	The state of the s	
Description of Waster Spent Catalyst Absorbents Description Catalyst Absorbents D		- · · · · · · · · · · · · · · · · · · ·
Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Absorbents Description of Waste: Spent Catalyst Description of Waste: Spent Catalyst	g. Owner's Name:	
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GENERATOR'S CERTIFICATION: I hereby contily that the above named material is not a hazardous waste as defined by 40 CFF Plant 26 for any applicable state law, hes been properly described, classified and peckaged, and is in proper condition for importation according to applicable regulations. AND, if the weate is a treatment readled or of perviously restricted hazardous waste subject to the Land Disposal Restrictions, treatment and the waste has a treatment readled or a previously restricted hazardous waste subject to the Land Disposal Restrictions, treatment and the waste has been bronger as hazardous waste as defined by 40 CFF Plant 26 for property and the state of the property of the propert		DP - PLASTIC DHUM B - BAG
GENERATOR'S CERTIFICATION: I hereby confly that the above named material is not a hazardatic marks and definition and application was an expension and a secondary to any application that the waste has been properly described and pedagod, and is in proper condition for transportation according to any application of transportation according to a present and the waste has been properly described and pedagod, and is in proper condition for transportation according to a present and the waste has been treated on a present and is in proper condition for transportation according to any application. Suppress that the value has been treated in accordance with the requirements of 40 CFR Part 268 and is no longers and according to a present a present and the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longers and according to the fact that the longers and the proper condition and according to the proper condition for transportation for	j. Description of Waste: Spent Catalyst/ Absorbents	or WRAP
GENERATOR'S CERTIFICATION: Interespond to the control and executed, and is in proper condition for transportation according to any approache table table to the previously restricted behavior to subject to the Land Object and Separate states when the previously restricted behaviors and subject to the Land Object and Separate states are defined by 40 CFR Part 251. AND CONTROL Control of the	An Association	22 10 P 0 1 1 o -other
pepietable regulations, AND, if the waste is a treatment residue of a previous restricted hazardous waste subject to the study of the s	GENERATOR'S CERTIFICATION: I hereby certify that the above named mate	
Section II TRANSPORTER TRAN	and a provide a second	ough restricted hazardous waste subject to the Land Disposal 1 - TARDS
Section II DESTINATION Generator complete e-d. Transporter Syndram TRANSPORTER II A. Name: B F I A. Name: B F I D. Driver Name/Title: CPC+ST CFT-MS D. Driver Name/Title: CPC+ST CFT-MS D. Truck No. D. Truck No. D. Truck No. D. Truck No. D. Driver Name/Title: CPC+ST CFT-MS D. Driver Name/Title: CPC+ST	hazardous waste as defined by 40 CFR Part 261.	Y - CUBIC TARDS
TRANSPORTER I TRANSPORTER I TRANSPORTER II Name and Address TRANSPORTER II TRANSPORTER II TRANSPORTER II TRANSPORTER II TRANSPORTER II TRANSPORTER II Name and Address TRANSPORTER II TRANSPORTER II TRANSPORTER II Name and Address TRANSPORTER II TRANSPORTER II TRANSPORTER II Name and Address TRANSPORTER II TRANSPORTER	V Scate Allen For Spec Med Ul	53096
TRANSPORTER I a. Name: B F I b. Address: 9 Box 605 b. Address: 9 Box 605 c. Driver Name/Title: PREFST GONES c. Phone No.: 1. Truck No.: 1. T	Generator Authorized Agent Nelme Signature	
a. Name: BFI b. Address: Servento, IA 79778 c. Driver Name/Title: FREEST GATAINS d. Phone No.: TS: BGS! a. Tuck No.: Seather Separative d. Phone No.: TS: BGS! a. Tuck No.: Shipment Date Vehicle License No./State: Address: Add	The state of the s	
c. Driver Name/Title:	TRANSPORTERI	
c. Driver Name/Title:	a. Name: B F 1	h. Name: 6 600
c. Driver Name/Title:	b. Address: Sorrento, LA 70778	
d. Phope No. 373 9 1 8. Tauck No. 1. Truck No. 1. Acknowledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator completes a-d. destination site completes a-d.) C. Phone No. 1. Truck Signature Section III DESTINATION (Generator completes a-d. destination site completes a-d.) C. Phone No. 1. Truck No. 1. Tr		
d. Phope No. 373 9 1 8. Tauck No. 1. Truck No. 1. Acknowledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator completes a-d. destination site completes a-d.) C. Phone No. 1. Truck Signature Section III DESTINATION (Generator completes a-d. destination site completes a-d.) C. Phone No. 1. Truck No. 1. Tr	c. Driver Name/Title: EPA=ST GATNIS	j. Driver Name/Title:
Acknowledgement of Receipt of Materials. Diver Signature	d. Phone No.: 6.75-8071 e. Truck No.: 12	k. Phone No.: I. Truck No.:
Acknowledgement of Receipt of Materials. Differ Signature	Vehicle License No./State: 63355778	
Shipment Date Section III DESTINATION (Generator completes a-d, destination site completes a-f.) a. Site Name: Colonial Langfill c. Phone No Hiway 70 Sorrento, LA 70778 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent ASBESTOS (Generator complete a-d, f, g, Operator's completes e.) a. Operator's Name: b. Operator's Phone No.: C. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Phone Type Operator's Name & Title: Phone Type Operator's Signature Date	Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Section III DESTINATION (Generator completes a-d, destination site completes e-f.) a. Site Name: Colonial Landfill c. Phone No. Hiway 70 Sorrento, LA 70778 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Signature Receipt Date Section IV ASBESTOS (Generator complete a-d, f, g, Operator's Ompletes e.) a. Operator's Name: c. Operator's Address: d. Special Handling Instructions and additional information: DPERATOR'S CERTIFICATION: I hereby doctare that the contents of this consignment are fully and accurately described above by proper shipping name and are cit packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. PrintType Operator's Signature Date Operator's Name & Title: PrintType Operator's Signature Date	1 Count 105 30	9 6 n.
a. Site Name: Colonial Landfill c. Phone No.: Hiway 70 Sorrento, LA 70778 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Newhold Authorized Agent Record Agent Record Agent Record Date Section IV ASBESTOS (Generator complete a-d, f, g, Operator's completes e.) a. Operator's Name: b. Operator's Phone No.: C. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are claracted, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Phint/Type Operator's Signature Date 1. Name and Address of Responsible Agency: Operator's Signature Date		
b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. f. Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator's "Phone No.: c. Operator's "Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clipacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's "Name & Titles: Print/Type Operator's Signature Operator's Signature Operator's Signature Operator's Signature Operator's Signature Operator's Signature		British Organization
e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Name of Authorized Agent Signature Receipt Date	Section III DESTINATION (Gene	erator completes a-d, destination site completes e-f.)
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. I Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator' completes e.) a. Operator's Name: b. Operator's Phone No.: C. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Phon/Type Operator's Signature Date	Section III DESTINATION (General Assistance Colonial Landfill	erator completes a-d, destination site completes e-f.) c. Phone No.:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. I Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator' completes e.) a. Operator's Name: b. Operator's Phone No.: C. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Phon/Type Operator's Signature Date	a. Site Name: Colonial Landfill Hiway 70 Sorrento, LA 70778	erator completes a-d, destination site completes e-f.) c. Phone No.:
f. Name of Authorized Agent Section IV ASBESTOS (Generator complete a-d, f, g, Operator's completes e.) a. Operator's Name: b. Operator's Phone No.: c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Phot/Type Operator's Signature Date	a. Site Name: Colonial Landfill Hiway 70 Sorrento, LA 70778	erator completes a-d, destination site completes e-f.) c. Phone No.:
Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) a. Operator's * Name:	section III DESTINATION (General Langeria) a. Site Name: Colonial Langeria) Hiway 70 Sorrento, LA 70778 b. Physical Address.	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address
Section IV ASBESTOS (Generator complete a-d, f, g, Operator* completes e.) a. Operator's * Name:	section III DESTINATION (General Langeria) a. Site Name: Colonial Langeria) Hiway 70 Sorrento, LA 70778 b. Physical Address.	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address
a. Operator's Name: b. Operator's Phone No.: c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Operator's Signature Operator's Signature Date	section III DESTINATION (General Langeria) a. Site Name: Colonial Langeria) Hiway 70 Sorrento, LA 70778 b. Physical Address.	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address
c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Operator's Signature Date 1. Name and Address of Responsible Agency:	a. Site Name: Colonial Landfill Hiway 70 Sorrento, LA 70778 b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and the colonial Landfill f. Colonial Landfill Riway 70 Sorrento, LA 70778 Popular Colonial Landfill Riway 70 Sorrento, LA 70778 Romar Colonial Landfill Riway 70 Sorrento, LA 70778 Riway 70 Sorre	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address and to the best of my knowledge the foregoing is true and accurate.
d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are claracterized, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Operator's Signature Operator's Signature Ones of Responsible Agency:	a. Site Name: Colonial Langfill Hiway 70 Sorrento, LA 70778 b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and harmonic for Authorized Agent f. Name of Authorized Agent Signature	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address and to the best of my knowledge the foregoing is true and accurate. Receipt Date
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Operator's Signature Date f. Name and Address of Responsible Agency:	a. Site Name: Colonial Langfill Hiway 70 Sorrento, LA 70778 b. Physical Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and Name of Authorized Agent f. Name of Authorized Agent Section IV ASBESTOS (General Colonial Langfill Space) ASBESTOS (General Colonial Langfill Space)	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address and to the best of my knowledge the foregoing is true and accurate. Receipt Date Becoipt Date
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Operator's Signature Operator's Signature On Responsible Agency:	a. Site Name: Colonial Landfill Hiway 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and home of Authorized Agent Section IV ASBESTOS (General Colonial Landfill) ASBESTOS (General Colonial Landfill) ASBESTOS (General Colonial Landfill) ASBESTOS (General Colonial Landfill) ASBESTOS (General Colonial Landfill)	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address and to the best of my knowledge the foregoing is true and accurate. Receipt Date Becoipt Date
f. Name and Address of Responsible Agency;	a. Site Name: Colonial Langfill Hiway 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and Number of Authorized Agent Section IV ASBESTOS (General Colonial Langfill)	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address and to the best of my knowledge the foregoing is true and accurate. Receipt Date Becoipt Date
f. Name and Address of Responsible Agency;	a. Site Name: Colonial Langfill Hiway 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and Name of Authorized Agent Section IV ASBESTOS (General Colonial Colo	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address d. Mailing Address nd to the best of my knowledge the foregoing is true and accurate. Receipt Date b. Operator's Phone No.: consignment are fully and accurately described above by proper shipping name and are consignment are fully and accurately described above by proper shipping name and are consignment are fully and accurately described above by proper shipping name and are consignment.
of Responsible Agency:	a. Site Name: Colonial Langfill Hiway 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and Name of Authorized Agent Section IV ASBESTOS (Gene a. Operator's' Name: C. Operator's' Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this packed, marked, and labeled, and are in all respects in proper condition for transports.	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address d. Mailing Address nd to the best of my knowledge the foregoing is true and accurate. Receipt Date Becoipt Date b. Operator's Phone No.: consignment are fully and accurately described above by proper shipping name and are caransport by highway according to applicable international and government regulations.
	a. Site Name: Colonial Langfill Hiway 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and Name of Authorized Agent Section IV ASBESTOS (Gene C. Operator's Name: C. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this packed, marked, and labeled, and are in all respects in proper condition for tree. Print/Type	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address d. Mailing Address nd to the best of my knowledge the foregoing is true and accurate. Receipt Date b. Operator's Phone No.: consignment are fully and accurately described above by proper shipping name and are caransport by highway according to applicable international and government regulations.
	a. Site Name: Colonial Langfill Hiway 70 Sorrento, LA 70778 b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and Signature Section IV a. Operator's Name: c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this packed, marked, and labeled, and are in all respects in proper condition for tree. Operator's Name & Title: Print/Type f. Name and Address	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address d. Mailing Address nd to the best of my knowledge the foregoing is true and accurate. Receipt Date b. Operator's Phone No.: consignment are fully and accurately described above by proper shipping name and are caransport by highway according to applicable international and government regulations.
	a. Site Name: Colonial Langfill b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and hereby certify that the above named material has been accepted and signature Section IV ASBESTOS (General Colonial Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this packed, marked, and labeled, and are in all respects in proper condition for transpace of Responsible Agency: f. Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable	erator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address d. Mailing Address and to the best of my knowledge the foregoing is true and accurate. Becoipt Date Becoipt Date b. Operator's Phone No.: consignment are fully and accurately described above by proper shipping name and are caransport by highway according to applicable international and government regulations. Operator's Signature Date

TICKET NO.	05965	Re	- A (i) (+ t)	DATE _5-3
MATERIAL .	CATALyst	sport W		NO. 946/55
CARRIER _	B.F. I.		BILL OF LA	ADING 4 1144
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TICKET NO. 05966	A	BANSAME Refining Corpora	RICAN	DATE <u>5-31-96</u>
MATERIAL Sport Cafal	as Absorb		MANUFFOR	944159
CARRIER BF7				
TRUCK AND TRAILER NO.	137 C-143		BILL OF LADING	
DELIVER TO: LAND FI			DRIVER: ON	OFF P
1.5				
	56,600	lb. GROSS		
	45.400	lb. TARE		0 0
DATE TIME	11.200	lb. NET		
SHIPPER TIME			× (
DRIVER Keyn D	consider)	1	WEIGHER	leser 1 M.
	anuric		RECEIVED BY	466
White/SECURITY	Yellow/ACCOUNTING			Pink/SECURITY
		טונ חשעותע	MATURE. A BOY	WALLSTON .
		a constant property of the	ula para de la generación de la composition della composition dell	O. 340134
NON-HAZA	If waste is asbestos waste, co	omplete Sections I, II, ste, complete only Sec	III and IV. tions I, II and III.	DS MANIFEST D. 946154
1000	n Refining Corp	Generator completes all	of Section I)	
P 0 Box 537		_ b. Generating Loc		4.50
c. Address Norco, LA 700	79	_ d. Address:	Oace.	4 - 20 T 1
	****	-		
e. Phone No.: 504 764 8611 If owner of the generating facility differs from	the generator provide:	f. Phone No.:		
g. Owner's Name:		h. Owner's Phone	No ·	
i. BFI WASTE CODE	20 97042		95 Containers	TYPE DM - METAL DRUM
j. Description of Waste: Spent Cata	lyst, Absorbents	k, Quantity	Units No. TY	DP - PLASTIC DRUM B - BAG PE BA - 6 MIL. PLASTIC BAG
		1/100	POIT	or WRAP
GENERATOR'S CERTIFICATION: I hereby carry applicable state law, has been properly applicable regulations; AND, if the waste is a Restrictions, I certify and warrant that the was hazardous waste as defined by 40 CFR Part 2	described, classified and packaged a treatment residue of a previously ite has been treated in accordance v 61.	d, and is in proper condi	tion for transportation according	to P - POUNDS sal Y - YARDS ra M³ - CUBIC METERS Y³ - CUBIC YARDS
V Scott Allen Env. Spec	Acoll Ille		5 3 / 9 6 Shipment Date	O - OTHER
Section II	TRANSPORTER (Generat	Transp		An Co
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a. Name: BFI	And the second	h. Name:		
b. Address: M+we Box 0 605 Sorrente LA	10770	i. Address:		
				7
c. Driver Name/Title: 20444	Garrison	j. Driver Name	e/Title: Am	
d. Phone No.: 5-4-675-80 24	PRINT/TYPE B. Truck No.: 197	k. Phone No.:	5.	PRINT/TYPE I. Truck No.:
f. Vehicle License No./State: B3296	8c4	NAMES OF THE	nse No./State:	i. Huck red.
Acknowledgement of Receipt of Mate		C311013	gement of Receipt of Mat	erials.
· Level Davisch	05319	6		
Driver Signature Section III	Shipment Date	Driver Signature		Shipment Date
100 200 200 ES 100 100 100 100 100 100 100 100 100 10	DESTINATION (Generalor	completes a-d, destination	on site completes e-f.)	
a. Site Name: Colonial Landfill Hiway 70 Sorre	nto, LA 70778	c. Phone No.;		
b. Physical Address:		d. Mailing Add	ress	
			<u> </u>	
e. Discrepancy Indication Space:	ng 1940 K. Alga girat kan		- Man Kr	1267 100
I hereby certify that the above named man	Molde	g/H	13/96	accurate.
Name of Authorized Agent Section IV	ASBESTOS (Generator of	complete a-d. f. g. Operat	Receipt Data	

a. Operator's* Name:

c. Operator's* Address:

d. Special Handling Instructions and additional informati

OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clarked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

e. Operator's* Name & Title:

Operator's Signature

f. Name and Address
of Responsible Agency:

g. 🔲 Friable; 🔲 Non-friable; 🔲 Both

___ % friable

DATE 5-31-96

MATERIAL SPEATAMIST Absorb MANIFEST NO. 944153 CARRIER BALY 47674 BILL OF LADING _ TRUCK AND TRAILER NO. 131 - C186 DRIVER: ON | OFF DELIVER TO: Colonial Land A'11 1b. GROSS 61400 16. TARE 45 800 15600 lb. NET DATE TIME SHIPPER WEIGHER DRIVER RECEIVED BY . White/SECURITY Yellow/ACCOUNTING Green/TRUCK-SUPPLIER Pink/SECURITY BFI-6 TF NON-HAZARD US SPECIAL WASTE & BESTOS MANIFEST 040095 aste is asbestos waste, complete Sections I, II, III and IV.
aste is <u>NOT</u> asbestos waste, complete only Sections I, II and III. No. 946153 GENERATOR (Generator completes all of Section I) a. Generator Name: TransAmerican Refining Corp _ b. Generating Location: Norco, LA 70079 d. Address: 504 764 8611 If owner of the generating facility differs from the generator, provide: METAL DRUM
PLASTIC DRUM
BAG
6 MIL. PLASTIC TYPE LA 620 97042 I. BFI WASTE CODE Spent Catalyst/absorbents or t TRUCK OTHER UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above any applicable state law, has been properly descri applicable regulations; AND, if the waste is a treat Restrictions, I certify and warrant that the waste has hazardous waste as defined by 40 CFR Part 261. OUNDS - YARDS - CUBIC METERS - CUBIC YARDS e with the requirements of 40 CFR Part 268 and is no longer a V. Scott Allen Env. Spec. 53196 Generator Authorized Agent Neme Section II TRANSPORTER (Generator complete a-d; Tra TRANSPORTER I TRANSPORTER II BFI a. Name: h. Name: P 0 Box 605 i. Address: Sorrento, LA 70078 c. Driver Name/Title FRHIST 60 THUS j. Driver Name/Title: e. Truck No.: 13 / Phone No.: 675-8921 k. Phone No.: gse No /State: 3335725 m. Vehicle License No./State: Acknowledgement of Receipt of Materials. of Receipt of Materials. 053196 Driver Signature **DESTINATION** (General es a-d, destination site completes e-f.) __Colonial Landfill b. Physical Address: Hiway 70 Sorrento, LA 70778 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Danchy [0151.3] Section IV Tall the street the state of the state of c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title; f. Name and Address of Responsible Agency: g. . Friable; . Non-friable; . Both _____

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

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NON-HAZAR OUS SPECIAL WASTE & SBESTOS MANIFEST

If waste is works waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III. No. 946144 GENERATOR (Generator completes all of Section I) TransAmerican Refining Corp. b. Generating Location P 0 Box 537 Norco, LA 70079 504 764 8611 f. Phone No.: If owner of the generating facility differs from the generator, provide: h. Owner's Phone No.: LA I. BFI WASTE CODE DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER 0 Spent Catalyst Abosorbents 0 1 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classifled and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. UNITS - POUNDS - YARDS - CUBIC METERS - CUBIC YARDS Signature V Scott Allen, Env. Specl. Section II TRANSPORTER (Generator complete a-d. Transporter I complete e-g.) TRANSPORTER I TRANSPORTER II B F I P 0 Box 605 b. Address: Sorrento, LA 70778 i. Address: c. Driver Name/Title: LUKA Rob j. Driver Name/Title: d. Phone No.: (Sat) 675 5021 a. Truck No.: 127 k. Phone No.: _ I. Truck No.: m. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Like 053396 Driver Signatu Section III DESTINATION (Generator completes a-d, destination site completes a. Site Name: Colonial Landfill c. Phone No .: b. Physical Address: Hiway 70 Sorrento , LA 70778 d. Mailing Address e. Discrepancy Indication Space I hereby certify that the above name accepted and to the best of my knowledge the foregoing is true and accurate. Section IV ASBESTOS (Generator of a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: f. Name and Address of Responsible Agency: 9. Friable; Non-friable; Both_ % friable Operator refers to the company which owns, leases, operate s, controls, or supervises the facility being demolished or renovated, or the demolition or REORDER ONLY THROUGH BELLUARCO CONTRACT

RETURN TO OPERATOR

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NON-HAZARD JUS SPECIAL WASTE & SBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is \underline{NOT} asbestos waste, complete only Sections I, II and III. No. 946143 383880 GENERATOR (Generator completes all of Section I) a. Generator Name: TransAmerican Refining Corp
P 0 Box 537
c. Address Norce: LA 70079 e. Phone No.504 764 8611 f. Phone No.: If owner of the generating facility differs from the generator, provide: h. Owner's Phone No. g. Owner's Name: TYPE DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL: PLASTIC BAG
OF WRAP 2 9 A 6 2 I. BFI WASTE CODE L-0 Spent Catalyst Absorbetns TRUCK OTHER UNITS GENERATOR'S CERTIFICATION: I hereby certify that the - POUNDS - YARDS - CUBIC METERS - CUBIC YARDS any applicable state law, has been properly described, applicable regulations; AND, if the weste is a treatment Restrictions, I certify end warrant that the waste has been hazardous waste as defined by 40 CFR Part 261. nts of 40 CFR Part 268 and is no longer a - OTHER 052396 V Scott Allen Env. Spec. TRANSPORTER (Generator complete a-d; Transport te h-n) TRANSPORTER II TRANSPORTER I P 0 Box 605 Sorrento, LA 70778 ertitle: Luks Robert j. Driver Name/Title: d. Phone No. SOH) 675-5021 e. Truck No.: 127 I. Truck No.: No/State: 8324504 m. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 052376 Driver Signature **DESTINATION** (Generator of mpletes a-d, destination site complete Section III c Phone No.: a. Site Name: Colonial Landfill b. Physical Address: Hiway 70 Sorrento, LA 70778 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Stonal d f. Name of Authorized Acces ASBESTOS (G Section IV 15060 b. Operator's* Phone No.: a. Operator's* Name: 115600 d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government. er shipping name and are classified, vernment regulations. Date e. Operator's" Name & Title: f. Name and Address of Responsible Agency:

SORDER ONLY THROUGH BFI / UARCO CONTRACT

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% nonfriable

Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

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REORDER ONLY THROUGH BEI / UARCO CONTRACT

NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is aspestos waste, complete Sections I. II. III and IV. If waste is NOT aspestos waste, complete only Sections I, II and III. No. 946142 GENERATOR (Generator completes all of Section I) TransAmerican Refining Corp P 0 Box 537 Norco, LA 70079 0.500 504 764 8611 e. Phone No.: f. Phone No.: If owner of the generating facility differs from the generator, provide: g. Owner's Name: h. Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG OF WRAP 0 6 2 9 0 4 2 9 7 A i. BFI WASTE CODE Spent' Catalyst Absorbents j. Description of Waste: _ TRUCK OTHER GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardor any applicable state law, has been properly described, classified and packaged, and is in proper applicable regulations; AND, if the waste is a treatment residue of a previously restricted haza Restrictions, I certify and warrant that the waste has been treated in accordance with the requirement. ed by 40 CFR Part 261 or ansportation according to UNITS OUNDS - YARDS - CUBIC METERS - CUBIC YARDS 53496 Section II TRANSPORTER (Generator comp porter I complete e-g porter II complete h-n) TRANSPORTER I TRANSPORTER II a. Name: BFI h. Name: P 0 Box 605 i. Address Sorrento, LA 70778 c. Driver Name/Trile: SUKE POLO PRINT/TYPE j. Driver Name/Title: PRINT/TYPE d. Phone No.: 175 - 8021 - e. Truck No.: 130

f. Vehicle License No./State: 12334507 k. Phone No.: _ I. Truck No.: m. Vehicle License No./State: Acknowledgement of Receipt of Materials. . . Acknowledgement of Receipt of Materials. 100 Driver Signature DESTINATION Section III tes a-d, destination site compl Colonial Landfill Hiway 70 Sprrento, c. Phone No.: b. Physical Addres d. Mailing Address e. Discrepancy Indic ccepted and to the best of my knowledge the foregoing is true and accurate. Section IV ASBESTOS (G te a-d, f, g, Oper 5,880 a. Operator's* Name: · tirrip lating ar in c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: It hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Print/Type f. Name and Address of Responsible Agency: g. 🔲 Friable; 🔲 Non-friable; 🔲 Both % nonfriable * Operator refers to the company which ow

RETURN TO OPERAT OR

260-7208 5/93



BFI NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

Section I GENERATOR (Gener	rator completes all of Section I)
Generator Name: TransAmerican Refining Corp b.	Generating Location:
P 0 Box 537	Address:
Address Norco, LA 70079 d.	.00758
504 764 0613	
VSI/2	Phone No.:
owner of the generating facility differs from the generator, provide:	
Owner's Name: h.	Owner's Phone No.:
BFI WASTE CODE	2 4 3 2 9 5 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: Spent Catalyst Absorbents	R. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BA Or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is no any applicable state law, has been properly described, classified and packaged, and applicable regulations; AND, if the waste is a treatment residue of a previously rest Restrictions, I certify and warrant that the waste has been treated in accordance with the hazardous waste as defined by 40 CFR Part 281. V. Scott Allen Environment. Spec.	t a hazardous waste as defined by 40 CFR Part 261 or is in proper condition for transportation according to tricted hazardous waste subject to the Land Disposal the requirements of 40 CFR Part 268 and is no longer a 1
Generator Authorized Agent Marile Signature TRANSPORTER (Generator con	Shipment Date Transporter I complete e-g mplete a-d; Transporter II complete h-n
TRANSPORTER I	TRANSPORTER II
Name: RFI	h. Name:
Address: P 0 Box 605 Sorrento, LA 70778	i. Address:
77	
Driver Name/Title: Driver Name/Title: PRINT/TYPE	j. Driver Name/Title:
Phone No.: 800-745-8031 e. Truck No.: 125	k. Phone No.: I. Truck No.:
Vehicle License No./State: 324802	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Holmen 752496	1
Driver Signature Shipment Date	Driver Signature Shipment Date
ection III DESTINATION (Generator comp	pletes a-d, destination site completes e-f.)
Site Name: Colonial Landfill	c. Phone No.:
Physical Addesway 70 Sorrento, LA 70778	d. Mailing Address
The state of the second	
Discrengary Indication Spaces	
Discrepancy Indication Space:	pest of my knowledge the foregoing is true and accurate
1 1 1	and of my morning of the leading to the date decorate.
Toual Cossison Know Thin	12 4 96
Nulme of Authorized Agent Signature	Receipt Date
ection IV ASBESTOS (Generator comp	olete a-d, f, g, Operator* completes e.)*
Operator's* Name:	b. Operator's* Phone No.:
Operator's Address:	
Special Handling Instructions and additional information:	
PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignme cked, marked, and labeled, and are in all respects in proper condition for transport by	
Operator's* Name & Title:	Operator's Sirent-
Name and Address	Operator's Signature Date
of Besponsible Agency:	
Friable; Non-friable; Both % friable	% nonfriable
The second secon	* * * * * * * * * * * * * * * * * * *
Operator refers to the company which awas, leases, operates, controls, or supervises the	e facility being demolished or renovated, or the demolition or renovation operation, or both
EORDER ONLYTHROUGH BFI / UARCO CONTRACT DETURN TO	OPERATOR 20-7208

If waste is NOT asbestos waste	plete Sections I, II, III and IV. complete only Sections I, II and III. No. 946140
CHOILE	enerator completes all of Section I)
Generator Name: TransAmerican Refining Corp P 0 Box 537	b. Generating Location:
P 0 Box 537 Norco, LA 70079	d. Address:
The control of the same of the control of the contr	
	f. Phone No.:
wner of the generating facility differs from the generator, provide:	
Owner's Name:	h. Owner's Phone No.:
BFI WASTE CODE L A 6 2 0 9 7 0 4 2 9	2 4 3 2 9 5 Containers DM - METAL DRUM DP - PLASTIC DRUM
Description of Waste: Spant Catalyst Absorbentent	k. Quantity Onits No. TYPE B - BAG BA - 6 MIL. PLASTIC BA
Description of Wasty:	D / T - TRUCK
GENERATOR'S CERTIFICATION: I hereby certify-that the above named material any applicable state law, has been properly described, classified and packaged	and is in proper condition for transportation according to P - POUNDS
any applicable state law, has been properly described, classified and perceived applicable regulations; AND, if the waste is a treatment realdue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w	restricted nazardods waste subject to the Calle Disposal with the requirements of 40 CFR Part 268 and is no longer a M3 - CUBIC METERS
V Scott Allen	Y ³ - CUBIC YARDS O - OTHER
Environ, Specialist	Shiftment Data
Generator Authorized Agent Name Signature	Transporter I complete e-g \
	or complete a-d; Transporter II complete e-g TRANSPORTER II
TRANSPORTER I	
Name:	h. Name:
Address: _Sorrento, LA 70778	i. Address:
Driver Name/Title: John PRINT/PE	j. Driver Name/Title:
Phone No.: 65-802 e. Truck No.:	k. Phone No.: 1. Truck No.:
Vehicle License No./State: 8309000	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
11/2 Market 05 219	6 n
Drive Signatur Pull Shipment Date	Driver Signature Shipment Date of completes e-f.)
00099 111	
She Name: Colonial Landfill	c. Phone No.:
Physical AddresSorrento LA 70778	d. Mailing Address
Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
A CONTRACTOR OF THE PARTY OF TH	
Range of Authorized Agent Signature	Receipt Date
	or complete a·d, f, g, Operator* completes e.)
Operator's* Name:	b. Operator's* Phone No.:
All the state of t	
Operator's* Address:	
Special Handling Instructions and additional information:	risement are fully and accurately described above by proper chinning name and are class
PERATOR'S CERTIFICATION: I hereby declare that the contents of this con acked, marked, and labeled, and are in all respects in proper condition for transp	signment are fully and accurately described above by proper shipping name and are classord by highway according to applicable international and government regulations.
The state of the s	
Operator's* Name & Title:	Occupación Signatura Date



TRANSAMERICAN
Refining Corporation тіскет NO. <u>166</u>88 DATE 5-20-96 MATERIAL SPECT Catalyst Alixumi MANIFEST NO. BILL OF LADING TRUCK AND TRAILER NO. 132-C148

DELIVER TO: BFT Same DRIVER: ON
OFF 76940 44680 32260 lb. GROSS lb. TARE lb. NET DATE SHIPPER DRIVER RECEIVED BY White/SECURITY Yellow/ACCOUNTING Green/TRUCK-SUPPLIER Pink/SECURITY

BFT -NON-HAZARDOUS SPECIA	AL WASTE & ABESTOS MANIFEST
If waste is asbestos waste, comp If waste is NOT asbestos waste,	plete Sections I. II. III and IV. complete only Sections I, II and III. No. 946134
	nerator completes all of Section I)
. Generator Name: TransAmerican Refining	b. Generating Location:
Address P 0 Box 537	d. Address:
, Norco, LA 70079	
Phone No.: 504 764 8611	f. Phone No.:
owner of the generating facility differs from the generator, provide:	•
. Owner's Name:	h. Owner's Phone No.:
BFI WASTE CODE 2 A 600 970 40 /	TYPE 2 4 3 2 9 5 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste: Spent Catalyst Absorbents	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I bereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a previously in Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. V Scott Allen Env. Spec. Generator Authorized Agent Name	and is in proper condition or transportation according to P - POUNDS restricted hazardous waste subject to the Land Disposal Y - YARDS
The state of the s	Transporter I complete e-g ; Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
Name: BFI	h. Name:
P 0 B0x605	i, Address:
Address Sprento LA 70778	
Driver Name/Title: Mosby ST	i Driver Name/Titler
I. Phone No.: 675-900 PRINT/TYPE e. Tauck No.: 130	j. Driver Name/Title:
Vehicle Liponso No./State: 830900	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Ito Marker VXV199V	
Driver Signature Shipment Date	Driver Signature Shipment Date
1/	completes a-d, destination site completes e-f.)
Mile Name: Colonial Landfill	c. Phone No.:
Physical Addressorrents, LA 79778	d. Mailing Address
Discrepancy Indication Space:	1
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
DI PON DIE	05 3096
Name of Authorized Agent Signature	Receipt Date
Section IV ASBESTOS (Generator or	complete a-d, f, g, Operator* completes e.)
	b. Operator's* Phone No.:
Operator's* Address:	
. Special Handling Instructions and additional information:	
PERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in proper condition for transport	nment are fully and accurately described above by proper shipping name and are classified t by highway according to applicable international and government regulations.
o. Operator's* Name & Title:	
Print/Type Name and Address of Responsible Agency:	Operator's Signature Date
g. 🗌 Friable; 🔲 Non-friable; 🔲 Both % friable	% nonfriable

	Telescond
	A STATE OF THE PARTY OF THE PAR
TICKET NO. 0. 299	TRANSAMERICAN
50 10 101 01	Refining Corporation DATE 5/21/98
MATERIAL SPENT CATANST Absorb	MANIFEST NO. 946/35
CARRIER 1841	BILL OF LADING
DELIVER TO: 18-T Samuel	DRIVER: ON OFF
Sorrent)	
*	16. GROSS 72000
	1b. TARE 45000
DATE	Ib. NET 29000
SHIPPER Irans American	WEIGHER
DRIVER _atm Maby	RECEIVED BY
White/SECURITY Yellow/ACCOUNTING	Green/IDNOV aver
a distribution of the state of	Green/THUCK-SUPPLIER Pink/SECURITY
	And the second s
AND	and a value of the second of t
NON-HAZARD US SPEC	IAL WASTE & BESTOS MANIFEST
If waste is asbestos waste, co	omplete Sections I, II, III and IV. te, complete only Sections I, II and III. No. 946135
	te, complete only Sections I, II and III. No. 946135 Generator completes all of Section I)
General Name TransAmerican REfining	
c. Address Norco LA 70079	b. Generating Location: d. Address:
504 764 8611	u. rodiess.
e. Phone No.	f. Phone No.:
If owner of the generating facility differs from the generator, provide: g. Owner's Name:	
	h. Owner's Phone No.:
i, BFI WASTE CODE	Containers DM · METAL DRUM DP · PLASTIC DRUM
j. Description of Waste: Spent Catalyst/Absorbents	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	_
GENERATOR'S CERTIFICATION: I hereby certify that the above named material any applicable state law, has been properly described, classified and packaged, applicable requirement AID. If the	
applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance w hazardous waste as defined by 40 CFR Part 261.	restricted nazardous waste subject to the Land Disposal Y - YARDS with the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METERS
V. Scott Allent hat Alle	Y ³ - CUBIC YARDS O - OTHER
Generator Authorized Agent Name Signature	Shipment Date
Section II TRANSPORTER (Generate	
a. Name: B F I	h. Name:
b. Address: Sorrento, LA 70778	i. Address:
c. Driver Name/Title:	j. Driver Name/Title:
d. Phone No.: 6. Truck No.: 150	k. Phone No.:
f. Vehicle License No./State: (Salaria) (State: Acknowledgement of Receipt of Materials.	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
1/20 Marks 1512191	
Section III DESTINATION (Constitution)	Driver Signature Shipment Date
DESTRUCTION (Generator &	completes a-d, destination site completes e-f.)
b. Physical Address: No. 2017 Sorrenot, 70778	c. Phone No.: d. Mailing Address
	v. maining Address
e. Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	ne best of my knowledge the foregoing is true and accurate.
1. 10 ORIGHT 116 /JA	W DANAG
Name of Authorized Agent Signature Section IV ASBESTOS (Generator or	Receipt Date
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's Address:	S. Spottier of Thorie No.
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consign packed, marked, and labeled, and are in all respects in processor condition for	ment are fully and accurately described above by proper shipping name and are classified,
packed, marked, and labeled, and are in all respects in proper condition for transport	by highway according to applicable international and government regulations.

e. Operator's* Name & Title:
PrintType
f. Name and Address
of Responsible Agency:

g. 🔲 Friable; 🔲 Non-friable; 🔲 Both _

_ % friable _

% nonfriable

CARRIER			BILL OF LADING _ DRIVER: ON [] (OFF [
DATE	75780 45.400 86.380	Ib. GROSS Ib. TARE Ib. NET		
White/SECU	MIN. HAUL EQUIP.	UNTING Green/TRU		James ASECURITY

Generator Name: P. D. Box 537 Address P. D. Box 547 Address Address P. D. Box 547 Address P. D. Box 657 Address P. D. Box 605 Sorrentos LA 70778 Description of Record of Materials Description of Materials Description of Materials Description of Record of Record of Materials Description of Record of Record of Materials Description of Record of Record of Record of Materials Description of Record of	1 Waste is asbestos waste, complif waste is NOT asbestos waste, complif	tete Sections I, II, III and IV. complete only Sections I, II and III.	
Address P. D. Box 537 Norcor La 76079 A Morcor La 76079 BFI WASTE CODE B	Section I GENERATOR (Gen	erator completes all of Section I)	1000
Phone No. Owner's Name: Description of Wester Spent Cate, Absorbents Caretter Committee of the Cate	D O Pay 537		
Owner's Name: Description of Waste; Spent Cets Absorbents. Description of Waste; Spent Cets Absorbents. Description of Waste; Spent Cets Absorbents. Countily Description of Waste; Spent Cets Absorbents. Countily Description of Waste; Description of Waste; Spent Cets Absorbents. Countily Description of Waste; Description of Was	504 764 8611		1
Owner's Name: BFI WASTE CODE. Spent Cats. Absorbents. Recycling of Wester. Description of Wester. Spent Cats. Absorbents. Recycling of Wester. Description of Wester.	owner of the generating facility differs from the generator, provide:	Phone No.:	
BET WASTE CODE. IN A Spent Cate. Absorbents. Description of Wester. Spent Cate. Absorbents. Countity Usin No. TYPE B. A. Outstill No. TYPE B. A. Outstill Usin No. TYPE B. A. Outstill No. TYPE B. A. Outstill Usin No. Type B. A. Outstill U		. Owner's Phone No.:	
GENERATORIS CERTIFICATIONS, I hereby contry that the above named material is not a hazardous waste subsylined by 40 CFR Part 251 or any epipicable action. AND, I the waste is a transmire reduced of a providing the property described, desirabled and packaged, and is in proper condition for transportation according to applicable existions. And, I the waste is a transmire reduced of a providing restricted hazardous waste subject to he land bigget to the Land bigget to	Spant Cat Absorbants	2 4 3 5 Containers DM - METAL DRUM DP - PLASTIC DRUM DRUM DRUM DRUM DRUM DRUM DRUM DRUM	UM FIC BAG
TRANSPORTER I Name: Address: P 0 Box 605 Sorrento, LA 70778 Driver Name/Title: Phone No: Services By Box 605 Sorrento, LA 70778 Driver Name/Title: Phone No: Services By Box 605 Sorrento, LA 70778 Driver Name/Title: Phone No: Services By Box 605 Sorrento, LA 70778 Driver Name/Title: Phone No: Services By Box 605 Phone No: Address: Driver Name/Title: Phone No: Acknowledgement of Receipt of Materials. Driver Signature Destination De	any applicable state law, has been properly described, classified and packaged, ar applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. V Scott Allen Environ. Spec.	units ot a hazardous waste as defined by 40 CFR Part 261 or id is in proper condition for transportation according to stricted hazardous waste subject to the Land Dispösal the requirements of 40 CFR Part 268 and is no longer a M³ - CUBIC METE Y³ - CUBIC YARD O - OTHER	
TRANSPORTER I Name: Address: P 0 Box 605 Sorrento; LA 70778 Driver Name/Title: Address: Driver Name/Title: Address: Driver Name/Title: PRINT/TYPE R. Phone No: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Driver Signature Driver Signature Driver Signature Driver Signature Colonial Landfill C. Phone No: Hillay 70 d. Mailing Address Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Signature ASBESTOS (Generator completes ad. 1, p. Operator's Operator's Address: Decrepancy Indication sand additional information: Deparator's Address: Decrepancy Indication sand additional information: Deparator's Address: Decrepancy Indication and additional information: Deparator's Centrico ATON: Thereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificated, marked, and labeled, and nor in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's Name: Operator's Name & Title: Detail Transport Date Transport Date PRINTITYPE R. Phone No: Acknowledgement of Receipt of Materials. Development Date Priver Name & Title: Acknowledgement of Receipt of Materials. Development Date Priver Name & Title: Acknowledgement of Receipt of Materials. Development Date Priver Name & Title: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Development Date Priver Name & Title: Acknowledgement of Receipt of Materials. Development Date Priver Name & Title: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Acknowledgement of Receipt o	the state of the s		
Name: P 0 Box 605 Sorrento; LA 70778 Driver Name/Title: Pour No.: Ser. 422 Ge 27			BELOW S.
Address: P 0 80x 605 Sorrento; LA 70778 Driver Name/Title:		The state of the s	
Driver Name/Title:	Ivalie.	The Activity	
Phone No.: Set. 1. Truck No.:	Sorrento, LA 70778	I. Address:	
Phone No.: Ser. 123 Ge 21	2010	-	
Vehicle License No/State: 3380 c/ Acknowledgement of Receipt of Materials. Diver Signature Site Name: Colonial Landfill	PRINT/TYPE	. PRINT/TYPE	
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Driver Signature Shipment Date Shipment		k. Phone No.:	in a trial
Discreptance Site Name: Colontal Landfill DESTINATION (Generator completes a-d. destination after completes a-d.) Site Name: Colontal Landfill C. Phone No.: Hikay 70 Physical Address: Discreptancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Promise of Authorized Agent ASBESTOS (Generator complete a-d. f. g. Operator's Phone No.: Discreptor's Name: Discreptor's Name a Title: Physical Address: Discreptor's Name a Title: Physical Address Discreptor's Name a Title: Discreptor Supplied and Physical Address Discreptor Supplied			
Discrepancy Indication Space: Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Signature ASBESTOS (Generator complete 2-1, g, Operator's Completes e.) Operator's Name: Operator's Address: Special Handling Instructions and additional information: DERATOR'S CERTIFICATION: Thereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's Name & Title: Operator's Name and Address		Additioned genient of Mecelpt of Materials.	FT
Site Name: Colonial Landfill	Driver Signature Shipment Date		Date
Physical Address Discrepancy Indication Space: Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Security that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Security of the security that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Security of the security of			
Physical Address: Hillay 70	Site Name: Colonial Landfill	c. Phone No.:	4
Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Special Fraction Special Fraction			
Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Second Process of Authorized Agent	Sorrence, LA 70/78		
Thereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Section IV	S		1111
Name of Authorized Agent Signature ASBESTOS (Generator complete a.d. f. g. Operator's completes e.) Operator's Name: Operator's Address: Special Handling Instructions and additional information: PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificated, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's Name & Title: PhiliType Operator's Signature Operator's Signature Operator's Signature Operator's Signature		hest of my knowledge the foregoing is true and accurate	-
ASBESTOS (Generator complete a.d. f. g. Operator's completes e.) Operator's Name: Operator's Address: Special Handling Instructions and additional information: PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificated, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's Name & Title: Operator's Signature Operator's Signature Operator's Signature			
Operator's Name: Operator's Address: Special Handling Instructions and additional information: PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificated, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's Name & Title: PrintType Operator's Signature Operator's Signature Operator's Signature	STEPHENE Sames Stophanie La	where 53196	
Operator's* Name: Operator's* Address: Special Handling Instructions and additional information: PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's* Name & Title: Positivitype Operator's Signature Date			2005
Operator's* Address: Special Handling Instructions and additional information: ERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificated, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's* Name & Title: Operator's Signature Operator's Signature Operator's Signature	- 15 Table 1 Contact the 1 Con		-
Special Handling Instructions and additional information: PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's Name & Title: Position Operator's Signature Operator's Signature Operator's Signature		_ s. Special 5 - 100 130.	Sec.
PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classificated, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Operator's Name & Title: Operator's Signature Operator's Signature Operator's Signature	A Victorial Control of the Control o		
Operator's* Name & Title: Print/Type Operator's Signature Date Name and Address	PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignm	ent are fully and accurately described above by proper shipping name and are	classifi
Name and Address Operator's Signature Date	LANDU, HIMITKEU, AND HADDIEG, AND AIR IN ALL RESPECTS IN proper condition for transport by	nignway according to applicable international and government regulations.	
Name and Address	COLUMN TO THE RESERVE TO THE PARTY OF THE PA		4
	Operator's* Name & Title:	Operator's Signature Day	ite

DATE 5-20-96

MATERIAL Speat Catalys + Absorb CARRIER _ BILL OF LADING _ TRUCK AND TRAILER NO. 132-C138 DRIVER: ON OFF Screents LA DELIVER TO: __ 14140 lb. GROSS 45240 lb. TARE 28900 lb. NET DATE TIME Irang America WEIGHER SHIPPER _ Jan Mosby RECEIVED BY Green/TRUCK-SUPPLIER Pink/SECURITY White/SECURITY Yellow/ACCOUNTING NON-HAZARDOJS SPECIAL WASTE & A_BESTOS MANIFEST If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III. No. 946133 GENERATOR (Generator completes all of Section I) TransAmerican Refining Corp b. Generating Location: _ P 0 Box 537 Norco, LA 70079 d. Address: 030 e. Phone No.: 594 764 8611

If owner of the generating facility differs from the generator, provide: f. Phone No.: _ g. Owner's Name: h. Owner's Phone No.: TYPE LA DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
OF WRAP
T - TRUCK
O - OTHER I. BFI WASTE CODE j. Description of Waste Spent Catalyst Abosrbents 0 1 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste any applicable state law, has been properly described, classified and packaged, and is in proper conditionable regulations; AND, if the weste is a treatment residue of a previously restricted hazardous waste. UNITS ned by 40 CFR Part 261 or POUNDS - YARDS - YARDS - CUBIC METERS - CUBIC YARDS - OTHER nazardous waste as defined by 40 CFR Part 261.
V. Scott Allen 052096 Environmental Spec Section II TRANSPORTER (Generator complete a-d; Transporter II complete b-n) TRANSPORTER I TRANSPORTER II BFI P 0 Box 605 Sorrento, LA 70778 don j. Driver Name/Title: PRINT/TYPE m. Vehicle License No./State: _ Acknowledgement of Receipt of Materials. 052090 Oriver Signature Section III **DESTINATION** (Generator completes a-d, destination site completes e-f.) a. Site Name: Colonial Landfill c. Phone No .: b. Physical Address: Hiway 70 Sorrento, LA 70778 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above n d material has been accepted and to the best of my knowledge the foregoing is true and accurate. ASBESTOS (Generator co a. Operator's* Name: c. Operator's Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clapacked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Operator's Signature f. Name and Address of Responsible Agency: g. 🗌 Friable; 🔲 Non-friable; 🗀 Both ______ % friable _____ % nonfriable

TICKET NO. 06681



No. of the Control of

DATE 5-20-96

	Spart Catalys] BET D TRAILER NO. 136 O: Serrento LA	MANIFEST NO. 946130 BILL OF LADING DRIVER: ON OFF
DATE SHIPPER _ DRIVER	TIME In Mary	Ib. GROSS (CANGO Ib. TARE (524) Ib. NET 24520 WEIGHER RECEIVED BY
<i></i>	White/SECURITY	'ellow/ACCOUNTING Green/TRUCK-SUPPLIER Pink/SECURITY

	If waste is asbestos waste, com If waste is <u>NOT</u> asbestos waste,	pete Sections I, II, III and IV. complete only Sections I, II and III.	No.	94 6132
ection I	GENERATOR (Ge	nerator completes all of Section I)	483 E	
Generator Name: P 0 Box	erican REfiningg	b. Generating Location:	000	
Address Norco, L	537 A 70778	d. Address:		
				
DI - 11 - 504 764 061	1	f. Phone No.:		2
Phone No.: 504 764 861 owner of the generating facility d	iffers from the generator, provide:	T. Priorie No.		
Owner's Name:		h. Owner's Phone No.:		
		24 95	_	TYPE
BFI WASTE CODE	1 62 0 7 170 90		Containers	DM - METAL DRUM DP - PLASTIC DRUM
Description of Waste: Spent	Catalyst Absorbents	k. Quantity Units	No. TYPE	B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
		24500p	1 1	T - TRUCK
GENERATOR'S CERTIFICATION	I hereby certify that the above named material is	s not a hazardous waste as defined by 4	CFR Part 261 or	UNITS
any applicable state law, has bee	n properly described, classified and packaged, waste is a treatment residue of a previously	and is in proper condition for transport	ation according to	P - POUNDS Y - YARDS
Restrictions, I certify and warrant to	hat the waste has been treated in accordance wit	th the requirements of 40 CFR Part 268	and is no longer a	M³ - CUBIC METERS Y³ - CUBIC YARDS
hazardous waste as defined by 40	1. 5 111	MEAN	11/	O - OTHER
V Scott Allen Ens Generator Authorized Agent Name	Spec. Signature	Shipment Date	10	
ection II		r complete a-d: Transporter I complete	ig)	
TBA	NSPORTER I		RANSPORTER	RII
BFI Name:		h. Name:		
P O Box		t-v		
Address:	A-70979	i. Address:		7
Sorrento LA 70	1/1			
Driver Name/Title:		j. Driver Name/Title:	PF	RINT/TYPE
Phone No.: 675-80	e. Truck No.: 130	k. Phone No.:		I. Truck No.:
Vehicle License No./State:		m. Vehicle License No./State:		ale.
Acknowledgement of Recei		Acknowledgement of R	eceipt of Materia	us.
	85 OSTAG9	6 n		Shipment Date
Driver Signature	Shipment Date DESTINATION (Generator of	Driver Signature	e-(.)	Shipment Date
Colonial				
Site Name: Hiway 7		c. Phone No.:		
Physical Address: Someon	o. LA 70779	d. Mailing Address		

Discrepancy Indication Space:			7	
I hereby certify that the above i	named material has been accepted and to t	he best of my knowledge the forego	ing is true and ac	curate.
10 1110	1.Kr 911-11/11	2/1 0000	70	
Name of Authorized Agent	Şignatüre	Receipt Date	141	
Section IV	ASBESTOS (Generator of	complete a-d, f, g, Operator* completes e) 10 10 10 10 10 10 10 10 10 10 10 10 10	
. Operator's* Name:		b. Operator's* Phone No.: _		
Operator's" Address:	Comment of the comment	F 19 / 8		- 43 - 13
Special Handling Instructions a	and additional information:			
I I I I I I I I I I I I I I I I I I I		inment are fully and accurately describ	ed above by proce	er shinning name and are classi
PERATOR'S CERTIFICATION: 1 acked, marked, and labeled, and ar	hereby declare that the contents of this consig e in all respects in proper condition for transpor	t by highway according to applicable in	temational and gov	vernment regulations.
Operator's* Name & Title:				
Operators Name & Tipe:	(Cons.	Operator's Signs	ture	Date
Name and Address	туре			

BFi	NON-HAZA	ARDCJS SPEC	CIAL WASTE & Â	BESTOS MANIFEST
	039433		complete Sections I, II, III and IV. vaste, complete only Sections I, II and III.	No. 946131
Section I	"是是是有多数 "。		(Generator completes all of Section I)	
. Generator Name	TransAmerican	Refining Corp	b. Generating Location:	
. Address	Norco LA 700	79	b. Generating Location: d. Address:	
4 10			*	
. Phone No.:	504 764 8611		f. Phone No.:	11.1956
owner of the gener	rating facility differs from	n the generator, provide:		
Owner's Name: _		- 34.00 M	h. Owner's Phone No.:	
BFI WASTE COD	ها للنظا	209904		Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Wa	iste: Speric Cara i	yst Absorbents	k. Quantity Units	No. TYPE BA - 6 MIL. PLASTIC OF WRAP T - TRUCK O - OTHER
any applicable sta applicable regulation Restrictions, I certi hazardous waste a	te law, has been properly ons; AND, if the waste is by and warrant that the wa is defined by 40 CFR Part : Allen Env. Sp	described, classified and package treatment residue of a previous site has been treated in accordance 261.	rial is not a hazardous waste as defined by 40 ged, and is in proper condition for transporta usly restricted hazardous waste subject to the with the requirements of 40 CFR Part 268 a	tion according to P - POUNDS be Land Disposal Y - YARDS
Section II	ed Agent Name	Signature	Shipment Date Transporter I complete e	-0 >
ecuon II	TRANSPOR		erator complete a-d; Transporter II complete II complete II complete II complete II complete II comple	系) RANSPORTER II
Name: B	FI	ren1	The state of the s	
	Sorrento LA	70770		
, Audi 666.	-Sorrengo, LA	wite	I. Address.	
Driver Name/Title	aton N	128 Y last		
Phone No.:		PRINT/TYPE e. Truck No.: 13	j. Driver Name/Title:	PRINT/TYPE
Vehicle License	250	200	K. Priorie No.:	PRINT/TYPE 1. Truck No.:
	ent of Receipt of Man	erials.	m. Vehicle License No./State: Acknowledgement of Re	
(Alon	Make	100100	97	
Driver algnature	1195	Shipment Date	n, Driver Signature	Shipment Date
ection III			ator completes a-d, destination site completes	p-(.)
Site Name: Co	lonial Landfil Hiway 70 Sorr	ento LA 70778	c. Phone No.:	
Physical Address:			d. Mailing Address	
		Sala Maria and		
Discrepancy Indic				
I hereby certify the	the above named ma	terial has been accepted and	to the best of my knowledge the foregoing	ng is true and accurate.
Rona Authorized Age	d knox	Romald	05/79 Receipt Date	16
ection IV		ASBESTOS (Genera	tor complete a-d, f, g, Operator* completes e.)	7.1
Operator's Name	1		b. Operator's* Phone No.:	
Operator's Addre	ss:			CTO I TO THE TANK
Special Handling I	nstructions and addition	nal information:		*
PERATOR'S CERTII cked, marked, and la	FICATION: I hereby dec abeled, and are in all resp	lare that the contents of this con ects in proper condition for trans	nsignment are fully and accurately described sport by highway according to applicable inte	d above by proper shipping name and are clarational and government regulations.
	A STATE OF THE PARTY OF THE PAR			

__ % friable ____

the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

g. Friable; Non-friable; Both ____

	AL WASTE & ASBESTOS MANIFEST
039274 If waste is asbestos waste, comp	olete Sections I, II, III and IV. complete only Sections I, II and III. No. 946128
Section I GENERATOR (Gen	nerator completes all of Section I)
TransAmerican REfining Corp	b. Generating Location:
D 0 Pov 527	d. Address:
Norco, LA 70778	v. Addiess.
Phone No.: 504 764 8611	1 Phone No.
owner of the generating facility differs from the generator, provide:	f. Phone No.:
j. Owner's Name:	h. Owner's Phone No.:
Description of Waste: Spent Catalyst ABsorbents	Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BA Or WRAP T - TRUCK TYPE T - TRUCK
GENERATOR'S CERTIFICATION: 1 hereby certify that the above named material is	GIG OU L L/ O -OTHER
any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a previously re Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. V Scott Allen Generator Authorized Agent Name Signature	nd is in proper condition for transportation according to P - POUNDS
The second secon	complete a-d; Transporter I complete e-g transporter II complete h-n
TRANSPORTER I	Complete a-d: Transporter II complete h-n) TRANSPORTER II
Name: B F I	h. Name:
8 0 x 80x 605 Address: Someonte 1 A 70779	
Serpento LA 101/8	i. Address:
Driver Name/Title: LUKE ROBERT	
PRINT/TYPE OO	j. Driver Name/Title:
40%. A SEC. OF	k. Phone No.: f. Truck No.:
Vehicle License No./State: 8369707 Acknowledgement of Receipt of Materials.	m. Vehicle License No./State:
A DATE OF THE PROPERTY OF THE PARTY OF THE P	Acknowledgement of Receipt of Materials.
Driver Signature Shipment Date	nShipment Date
Cristian Date	npletes a-d, destination site completes e-f.)
Site Name: Colonial Landfill	
HWY 70 Physical Address: Company 40, 14, 70779	c. Phone No.:
Soren to LA 70778	d. Mailing Address
	-
Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to the	best of my knowledge the foregoing is true and accurate.
Rosald Las D. 19	S 1596
Name of Authorized Agent Signature	
Name of Authorized Agent Signature	prote a-d, i, g, Operator Completes e.)
Name of Authorized Agent Signature Signature ASBESTOS (Generator com Operator's' Name:	
Name of Authorized Agent Signature Signature ASBESTOS (Generator com Operator's* Name:	b. Operator's' Phone No.:
Name of Authorized Agent Signature Signature ASBESTOS (Generator com	

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

% friable ____

f. Name and Address of Responsible Agency: _

*g. . Friable; . Non-friable; . Both ___

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-W7	o Ti	Var.	
BFI	NO	N-H	A
	SON F	J. Sec.	

REORDER ONLY THROUGH BFI / UARCO CONTRACT

HAZARD US SPECIAL WASTE & ESBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I, II and III. No. 946127 Section I GENERATOR (Generator completes all of Section I) rator Name: TransAmerican Refining Corp 0 Box 537 Norco, LA 700794 b. Generating Location: 204 764 8611 e. Phone No.: If owner of the generating facility differs from the generator, provide: g. Owner's Name h. Owner's Phone No.; TYPE i. BFI WASTE CODE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP j. Description of Waste: Spent Cat Absorbents OF N TRUCK OTHER 0 GENERATOR'S CERTIFICATIONS I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. UNITS **POUNDS** - YARDS - CUBIC METERS - CUBIC YARDS V Scott Allen 1576 TRANSPORTER (Ger TRANSPORTER I TRANSPORTER II BFI h. Name: P 0 Box 605 Sorrento, LA 70778 i. Address: c. Driver Name/Title: TUKS Rob JRT PRINT/TYPE j. Driver Name/Title: d. Phone No.: (504) (75-802) e. Truck No.: 132 k. Phone No.: _ I. Truck No.: f. Vehicle License No./State: B309007 m. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. g. ______ 054590 Driver Signature Section III DESTINATION (G os a-d, destination site co Colonial Landfill a. Site Name: Hiway 70 Sorrento, c. Phone No.: b. Physical Address: d. Mailing Address and to the best of my knowledge the foregoing is true and accurate. 1596 ASBESTOS (G a. Operator's* Name: c. Operator's* Address: 44. 400 d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and a packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: 1000 f. Name and Address of Responsible Agency: g. Friable; Non-friable; Both_ % friable __ % nonfriable Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

RETURN TO OPERATOR

260-720B 5/93

NON-HAZARD US SPECIAL WASTE & SBESTOS MANIFEST 0395 If waste is subsection waste, complete scribms I. II, III and IV. If waste is subsection waste, complete scribms I. II, III and IV. If waste is subsection waste, complete only Sections I. II and III. GENERATOR Generator complete only Sections I. II and III. Trans-Rumer Can RETITIS CUP 1-8-0x-537 Location:	NZ			686.4	
Clion I GENERATOR (Generator complete only Sections I, II and III. GENERATOR (Generator completes and of Section I) TransAmerican REFINITY CVP P	NON-HAZ	ARIOUS SPECIA	L WASTE & SBE	STOS	MANIFEST
Image: Section Imag	039050	If waste is asbestos waste, complif waste is NOT asbestos waste, of	ete Sections I, II, III and IV. complete only Sections I, II and III.	No.	946125
increation Name: P. D. Box 537 D. Generating Location: Address: D. Generating Location: D. Generating Location:	ction I		erator completes all of Section I)	Ey Victoria	
didress Norco, LA 70079 d. Address: Address	ienerator Name: P 0 Box	537	o. Generating Location:	-	
Description of the generating facility differs from the generator, provide: Description of Waste: Spent Catalyst Absorbents Sp	Morros 18 7				
TYPE In A		A		/	Reflection
Winer's Name: FI WASTE CODE LA 62 D 9 0 4 2 9 PRASTE CODE LA 62 D 9 0 4 2 9 PRASTE CODE LA 62 D 9 0 4 2 9 PRASTE CODE WHASTE CODE PRASTE CRIM Bescription of Waste: Spent Catalyst Absorbents La 10 D D D D D D D D D D D D D D D D D D			. Phone No.:		
FI WASTE CODE LA 62 D 9 0 4 2 9 Containers Spent Catalyst Absorbents Containers Spent Catalyst Absorbents Containers Spent Catalyst Absorbents Containers No. Type Metal DRUM Dr. PLASTIC DRUM Dr. PLA	mer of the generating facility differs fro				
Description of Waste: Spent Catalyst Absorbents Quantity Description Quantity Description Quantity Description Quantity Description Quantity Quantity	Owner's Name:	-4.670/00 h			TYPE
GENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable equate law, has been properly described, classified and packaged, and is in proper condition for transportation according to properly described, classified and packaged, and is in proper condition for transportation according to properly described, classified and packaged, and is in proper condition for transportation according to the properly and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 261. V Scott Allen Env Spec Generator Authorized Agent Name Signalure TRANSPORTER (Generator complete a-d. Transporter Complete		62 b 97 0 4 2 9 Catalyst Absorbents			DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BA
SENERATOR'S CERTIFICATION. I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 251 or any applicable estate law, has been properly described, classified and packaged, and is in proper condition for transportation according to properly described, classified and packaged, and is in proper condition for transportation according to properly described, classified and packaged, and is in proper condition for transportation according to the properly described properly and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 261. V Scott Atlent Env Spec Generator Aumorized Agent Name Signature TRANSPORTER (Generator complete a-d. Transporter Complete a-d. Tr		W	200 P 0	1 T	T - TRUCK
TRANSPORTER (Generator complete a-d. Transporter Complete a-d. Transporter I complete a-d. Transporter II complet	any applicable state law, has been prope applicable regulations; AND, If the waste Restrictions, I certify and warrant that the hazardous waste as defined by 40 CFR Pa	orly described, classified and packaged, at last treatment residue of a previously re waste has been treated in accordance with art 261.	nd is in proper condition for transportation instricted hazardous waste subject to the lithe requirements of 40 CFR Part 268 and	according to Land Disposal	P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS
TRANSPORTER II h. Name: p 0 80x 605 didrigss: Sorrento, LA 70778 i. Address: Address: June Print/Type	Generator Authorized Agent Name				
h. Name:				NSPORTER	T
Driver Name/Title:			100		
Driver Name/Title: ## PRINT/TYPE Print/TyP	P U Box 605	170			
Phone No.: COL) (7530) e. Truck No.:	dodyss: Sorrento, La 101	10	I. Address.		
Phone No.: COL) (75303) e. Truck No.: 1. Tru	- 4 J = D	1,00	Driver Name Title:	*	
Mehicle License No/State: R3090/3 Acknowledgement of Receipt of Materials. Miner Signature Shipment Date Shipment Date Shipment Date Ction III DESTINATION (Generator completes a-d. deatination site completes e-f.) C. Phone No.: Physical Address: C. Phone No.: Chereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Cition IV ASBESTOS: (Generator complete a-d. f, g, Operator's Phone No.: Departor's Name: Departor's Phone No.: 1	onver Name/Title: ACIDS RZ	PRINT/TYPE		PR	
Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Recei					i, Truck No
Shipment Date Distribution Dist					ls.
Shipment Date Oriver Signature Shipment Date Oriver Signature			1 . (,	
Colonial Landfill c. Phone No.: Hiway 70 Sorrento L. A 7078 d. Mailing Address Discrepancy Indication Space: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Ronald Kilox Receipt Date ASBESTOS: (Generator complete a-d, f, g, Operator's Completes e.) Deperator's Name: Deperator's Address:	Driver Signature		Driver Signature		Shipment Date
Physical Address: Discrepancy Indication Space: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Romand Kilox Romand Mathorized Agent Signature ASBESTOS: (Generator complete a-d, f, g, Operator's Completes e.) Deparator's Name: Deparator's Address:			impletes a-d, destination site completes e-f.)	NEST TREE TO SERVICE T
Discrepancy Indication Space: hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Repaid Kilox Receipt Date Signature Receipt Date ASBESTOS: (Generator complete a-d. f, g, Operator's Completes e.) Deparator's Name: Deparator's Address:			c. Phone No.:		in a second
hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Ronald KIDX Ronald		116000 5 71 79779	d. Mailing Address		
hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Romand Roma			_		
Ronald Kilox Ronald Signature Receipt Date ASBESTOS (Generator complete a-d, f, g, Operator's ompletes e.) Deperator's Name: Deperator's Address:					
ASBESTOS: (Generator complete a-d, f, g, Operator's completes e.) Operator's Name: Departor's Address:		material has been accepted and to the	e best of my knowledge the foregoing	is true and acc	curate.
Operator's* Name: b. Operator's* Phone No.: 44,400	hereby certify that the above named		25169	6	
Operator's* Address:	Ronald Kulox		Receipt Date		
	Ronald KIIOX	Signature			82,600
Special Handling Instructions and additional Information:	Ronald Kilox Jame of Authorized Agent section IV	Signature	implete a-d, f, g, Operator* completes e.)		82,600
	Royald KIOX Name of Authorized Agent Section IV Operator's* Name:	Signature	implete a-d, f, g, Operator* completes e.)		82,600

g. Friable; Non-friable; Both Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

REORDER ONLY THROUGH BFI / UARCO CONTRACT

of Responsible Agency: _

RETURN TO C F RATOR

260-7208 5/93

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NST MON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. No. 946126 GENERATOR (Generator completes all of Section I) Section I TransAmerican Refining Corp b. Generating Location: P 0 Box 536 d. Address: Norco LA 70779 504 764 8611 f. Phone No.: e. Phone No.: If owner of the generating facility differs from the generator, provide: h. Owner's Phone No.: g. Owner's Name: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL PLASTIC BAG OTWRAP T - TRUCK O - OTHER 4A 620 9704 I. BFI WASTE CODE J. Description of Waste: Spent Cat Absorbents GENERATOR'S CERTIFICATION: I Hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 268 and is no longer a UNITS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS en treated in accordance with the requirements of 40 CFR Part 268 - OTHER (S / 6 9 6 V Scott Allen Env Spec Agent Name Signature TRANSPORTER (Generator complete a-d: Transporter II complete a-d: Transporter II complete a-d:) Section II TRANSPORTER II TRANSPORTER I h. Name: a. Name: P 0 Box 605 b. Address: Sorrento, LA 70778 i. Address: c. Driver Name/Title; SUKE ROLKET j. Driver Name/Title: _ I. Truck No.: _ d. Phone No.: 504 675-4031 e. Truck No.: 12k. Phone No.: f. Vehicle License No State: RR09012 m Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 05/16 9. Driver Signature Driver Signature Shipment Da DESTINATION (Generator of tes a-d, destination site comple Section III a. Site Name: Colonial Landfill Hiway 70 Sorrento LA 70778 d. Mailing Address b. Physical Address: e. Discrepancy Indication Space: ove named material has been accepted and to the best of my knowledge the foregoing is true and accurate. ASBESTOS (Generator comple ete a-d, f, g, Ope Section IV d. Special Handling Instructions and additional information: PREATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, aked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. s* Name & Title: Print/Type

Operator refers to the company which owns, Leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovated

RETURN TO OPERATOR

% friable

f. Name and of Responsible

g. Friable; Non-friable Both

REORDER ONLY THROUGH BFI / UARCO CONTRACT

Operator's Signature

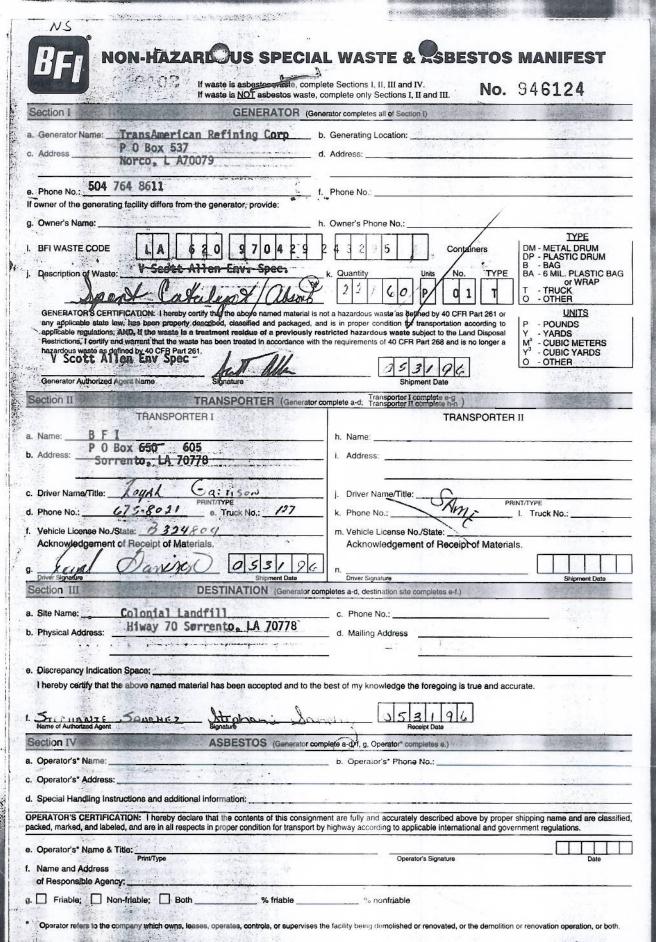
260-720B 5/93

TICKET NO. 05971

REORDER ONLY THROUGH BFI / UARCO CONTRACT



CARRIER BF.	127		BILL OF LADING 946124 DRIVER: ON \bigcirc OFF. \bigcirc
DELIVER TO:	**************************************		p ⁱ
	67360	lb. GROS	S 1 1 5
	45.200	Ib. TARE	
	22.160	Ib. NET	
DATE TIME			
SHIPPER			WEIGHER
DRIVER	\mathcal{A}	7.	RECEIVED BY Creeky Carte



RETURN TO OPERATOR

If waste is asbestos waste, comp If waste is NOT asbestos waste,	olete Sections I, II, III and IV. complete only Sections I, II and III.	lo. 946123
	nerator completes all of Section I)	
P O Box 537	b. Generating Location:	
	039393	
e. Phone No.: 504 764 8611 If owner of the generating facility differs from the generator, provide:	f. Phone No.:	
g. Owner's Name:	h. Owner's Phone No.:	TYPE
i. BFI WASTE CODE LA 6 20 9 7 0 4 2 9	Containers	DM - METAL DRUM DP - PLASTIC DRUM B - BAG TYPE BA - 6 MIL. PLASTIC B OF WRAP
CENERATORIO OFFICE	10360 P 0 1	T TRUCK
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a previously in Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. V Scott Allen Env Spec Generator Authorized Agent Name	ind is in proper condition for transportation accordi	ng to P - POLINDS
Section II TRANSPORTER (Generator	Transporter I complete e-a	1/24 50 0 0 0
TRANSPORTER I	TRANSPO	DIED II
a. Name: BFI	h. Name:	HIEHIL
a. Name: P 0 Box 685 b. Address: Sorrento, LA 70778	The course was a second and the seco	
	i. Address:	
c. Driver Name/Title: Ton Most/ST d. Phone No. 25-802 PRINT/TYPE e. Truck No.: Acknowledgement of Receipt of Materials.	j. Driver Name/Title:k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Ma	PRINT/TYPE I. Truck No.:
Driver Signature Shipment Date	n. Driver Signature	
Section III DESTINATION (Generator com	opletes a-d, destination site completes e-f.)	Shipment Date
A. Site Name: 70 Colonfal Landfill Hiway Sorrento L A70778	c. Phone No.:	
Trysiqui Addiess.		
The second second	d. Mailing Address	1000
. Discrepancy Indication Space:	-	
Therebycertify that the above normal		
I hereby certify that the above named material has been accepted and to the t	pest of my knowledge the foregoing is true and	d accurate.
Name of Authorized Agent Signature Signature	Receipt Date	
Section IV ASBESTOS (Generator comp	olete a-d, f, g, Operator* completes e.)	Control Production
Operators* Name;	b. Operator's* Phone No.:	
Operator's* Address:		- HOLE 2
Special Handling Instructions and additional information:	A CONTRACTOR	
PERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment cked, marked, and labeled, and are in all respects in proper condition for transport by the	nt are fully and accurately described above by pro- nighway according to applicable international and	oper shipping name and are classif
Operator's* Name & Title:		

RETURN TO OPERATOR

GENERATOR RETAIN

260-7208 5/93

REORDER ONLY THROUGH BFI / UARCO CONTRACT

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RIAL ALYST Absorb ER D. F. T. AND TBAHER NO. 131. C158		
B. F. E.		0. 946/09
TO B. F. I.	MANIFEST N	0. 114137
131, C158	BILL OF LAD	ing <u>42371</u>
(AND THAILER NO.	DRIVER: ON	OFF Z
ER TO COMMINE Landfi'll		
	00000 An 7 UD	
	1b. GROSS 80240	
	// 6 0/10 .	
	1b. NET 34440	
TIME	WEIGHER	
PER	RECEIVED BY	Fry Die
ER		Pink/SECURITY
White/SECURITY Yellow/ACCOU	INTING Green/TRUCK-SUPPLIER	FIIINGLOUTHT
Section 2	The second secon	
	SPECIAL WASTE & AB	ESTOS MANIFEST
NON-HAZARD US	PEGIAL WASIE & ASE	
		No 94610/
If waste is NOT as	os waste, complete oclus Sections I, II and III. RATOR: (Generator completes all of Section I)	STATE OF THE STATE
CTION		
Generator Name: TransAmerican Refining	b. Generating Location: d. Address:	
AddressNorco, LA 70079	d. Address:	
• 24	. m	9.00
Phone No.: 50 4 764 8611	f. Phone No.:	
owner of the generating facility differs from the generator, pro	h. Owner's Phone No.:	7
Owner's Name:		Containers DM - METAL DRUM
BFI WASTE CODE 1 4 620 97	0142191 []	DP - PLASTIC DRUM B - BAG
Description of Waste: Spent Catalyst Absorb	ents k. Quantity Units	No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
Description of Waste: Specific Case: 17	344406	0 1 T TRUCK O OTHER
any applicable state law, her been properly described, classifier applicable regulations; AND, if the weste is a treatment residue Restrictions, I certify and warrant that the waste has been treated hazardous waste as defined by 40 CFR Part 261. V Scott Allen Frytron Special to Generator Authorized Agent Name	1	96 O OTHER
Generator Authorized Agent Name Signature	Transporter I complete Transporter II complete	peg (
Section II TRANSPORTER I	TILLY (Generally Co.)	THANSPORTERIT
9 F.I		100 N/
	i. Address:	
Sorrento, LA 70079		
c. Driver Name/Title: ERNEST GATNES	i. Driver Name/Title:	PRINT/TYPE
d. Phone No.: 675-8031 e. Truck N		I. Truck No.:
d. Phone No.: 613 800 1	- Vohicle License No./Sta	ite:
f. Vehicle License No./State/5335738	Acknowledgement of	Receipt of Materials.
Acknowledgement of Hecelot of Materials.	5 1096 n	Shipment Date
Acknowledgement of Receipt of Materials.	Shipment Date Driver Signature	
g An est Paine 0	Shipment Date Driver Signature Driver Signature Driver Signature	etes e-f.)
9 Driver Signature DESTINAT	TION (Generator completes a-d, destination site comple	etes o-f.)
9 Driver Signature DESTINAT	TION (Generator completes a-d, destination site comple	etas e-f.)
g An est Paine 0	TION (Generator completes a-d, destination site comple	etas o-f.)
9 Driver Signature DESTINAT	TION (Generator completes a-d, destination site comple	etes e-f.)
9 Divide Signature Section III DESTINAT a. Site Name: Colonial Landfill HMY 70 Sorrento, LA70079 b. Physical Address:	C. Phone No.: d. Mailing Address	
g. Dirive Signature Section III a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been	c. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the for	
g. Dirive Signature Section III a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: e. Discrepancy Indication Space: I hereby certify that the above named material has been	c. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the for	
Divor Signature Section III a. Site Name: Colonial Landfill thiry 70 Sorrento, LA70079 b. Physical Address: I hereby certify that the above named material has been to the control of	c. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the for	regoing is true and accurate.
g. Driver Signature Section III a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: i. Name of Authorized Agent ASRES	C. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the form accepted and the form accepted and the form accepted and the form accepted accepted and the form accepted accepted accepted and the form accepted a	regoing is true and accurate. CAPLE t Date
g. Driver Signature Section III a. Site Name: Colonial Landfill b. Physical Address: i. Name of Authorized Agent DESTINAT DESTINAT LA70079 LA70079 LA70079 LA70079 LA70079	c. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the for	regoing is true and accurate. CAPLE t Date
g. Driver Signature Section III a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: I hereby certify that the above named material has been named Authorized Agent 1. Royald Knox Royald Signature Section IV 2. Signature Section IV 3. Operator's Name:	C. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the formula of the complete and for	regoing is true and accurate. CAPLE COATE
g. Drivet Signature Section III a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: I hereby certify that the above named material has been named Authorized Agent Section IV a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information	c. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the formula of the complete and figure and the complete and figure and figu	regoing is true and accurate. C9 6 Date eles e.) O.:
g. Drivet Signature Section III a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: I hereby certify that the above named material has been named Authorized Agent Section IV a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information	c. Phone No.: d. Mailing Address an accepted and to the best of my knowledge the formula of the complete and figure and the complete and figure and figu	regoing is true and accurate. C9 6 Date eles e.) O.:
a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: I hereby certify that the above named material has been named a Authorized Agent Section IV a. Operator's Name: c. Operator's Address: d. Special Handling Instructions and additional informatic opacked, marked, and labeled, and are in all respects in proper	c. Phone No.: d. Mailing Address d. Mailing Address an accepted and to the best of my knowledge the for Receipt b. Operator's Phone No. contents of this consignment are fully and accurately derivation for transport by highway according to application.	regoing is true and accurate. CGGE Totale Pates e.) O.: Idescribed above by proper shipping name and are clauble international and government regulations.
g. Drivet Signature Section III a. Site Name: Colonial Landfill HNY 70 Sorrento, LA70079 b. Physical Address: I hereby certify that the above named material has been named Authorized Agent Section IV a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information	c. Phone No.: d. Mailing Address d. Mailing Address an accepted and to the best of my knowledge the for Receipt b. Operator's Phone No. contents of this consignment are fully and accurately derivation for transport by highway according to application.	regoing is true and accurate. C 9 6 I Date stes e.) O.: #################################



MON-HAZARDOJS SPECIAL WASTE & BESTOS MANIFEST

039140

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946106

Salar Sarce

	nerator completes all or Section 1)
Generator Name: TransAmerican Refining Corp	b. Generating Location:
P 0 Box 537	d. Address:
Phone No.: 504 764 8611	f. Phone No.:
owner of the generating facility differs from the generator, provide:	2
Owner's Name;	h. Owner's Phone No.:
BFI WASTE CODE LA GOO 9 70429	2 4 3 2 9 5 Coptainers DM - METAL DRUM
	k. Quantity Units No. TYPE B - BAG BA - 6 MIL. PLASTIC BAG or WRAP
*	3 2 P O T T O OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, applicable regulations; AND, if the waste is a treatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. V Scott Allen Enviorn Speci.	
Generator Authorized Agent Name Signature Signature	
Section II TRANSPORTER (Generato	Transporter I complete e-g r complete a-d; Transporter II complete h-n TRANSPORTER II
TRANSPORTER I	E DESCRIPTION OF THE PROPERTY
B F I Name: P 0 Box 605	h. Name:
Address: Sorrento, LA 70778	i. Address:
The second secon	
Driver Name/Title: Luke Robert	j. Driver Name/Title:
1. Phone No.: (5/5 - 8/02) e. Truck No.: 1)7	
	m. Vehicle License No./State:
Vehicle License No./State: B334504 Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
Control of the contro	
g. Y. Delatal OS1/3/9/Shipment Date	Driver Signature Shipment Date
	completes a-d, destination site completes e-f.)
a. Site Name: Colonial Landfill	c Phone No
a. Site Name: Colonial Landy111	d. Mailing Address
b. Physical Address.	d. Mailing Address
	
e. Discrepancy Indication Spacet	
Discrepancy indication Spaces. I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
	4 1701
A MAIN ICH TO THE	Receipt Date
Name of Authorized Agent Signature	or complete a-d, f, g, Operator completes e.)
Section IV ASBESTOS (Generalo	11 / 6-
a. Operator's* Name:	b. Operator's* Phone No.:
c. Operator's* Address:	
d. Special Handling Instructions and additional information:	
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this conspacked, marked, and labeled, and are in all respects in proper condition for transp	signment are fully and accurately described above by proper shipping name and are classific port by highway according to applicable international and government regulations.
packed, marked, and labeled, and are in carried	
e. Operator's* Name & Title: Print/Type	Operator's Signature Date
f. Name and Address	
of Responsible Agency:	2/ confriable
g. Friable, Hortingso,	% nonfriable
to the company which owns leases operates controls or super	vises the facility being demolished or renovated, or the demolition or renovation operation, or both.
Operator relets to the company which owns, leases, operator, services, servi	250-7208 9
RECRUER ONLY THROUGH BFI / UARCO CONTRACT RET	TURN TO OPERATOR

CENE	sbestos waste, complete only S		No. 940	
ction I GENE TransAmerican Refining Co				
enerator Name:		Location:		
Norco, LA 70079	d. Address:			
100000000000000000000000000000000000000		isans t	/	2 2
Phone No.: 504 764 8611	f. Phone No.:			and the second
wner of the generating facility differs from the generator, pro	h. Owner's Ph	one No :		Police Comment
Owner's Name:		TITI	12.0	TYPE
BFI WASTE CODE L A 6 2 0 9 7	2 9 2 4	3 2 9 5 Cor	ntainers DM DP B	METAL DRUM PLASTIC DRUM BAG
Description of Waste: Spent Cat Absorbents	k. Quantity	Units N	D. TYPE BA	6 MIL. PLASTIC BAG or WRAP
Description of waste Apent Cat /2221		25 P 0		- TRUCK - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above	named material is not a hazardous	waste as defined by 40 CI	R Part 261 or	UNITS
any applicable state law, has been properly described, classifier	and packaged, and is in proper	dous waste subject to the	Land Disposal Y	- POUNDS - YARDS
applicable regulations; AND, if the waste is a treatment residue	n accordance with the requirement	its of 40 CFR Part 268 and	is no longer a M ³ Y ³	- CUBIC METERS - CUBIC YARDS
hazardous waste as defined by 40 CFR Part 261.	all	06/20		- OTHER
Environmentl Specialist Generator Authorized Agent Name	Jl~	Shipment Date		
ection II TRANSPOR	ER (Generator complete a-d;	Transporter I complete e-g)'	- ALLEY
TRANSPORTER I			ANSPORTER II	
BFI	h. Name	t		
Name: P 0 Box 6955 Address: Sorrento, LA 70778		ss:		
Address: SOFTERIOS LA 70776			- A11	Gallery, L.
	j. Driver	Name/Title:		
Priver Name/Title: A C. PRINT/TYPE Phone No.: 470 7021 e. Truck No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e No.:	PRINT/TY	ruck No.:
		le License No./State:		*
Vehicle License No./State: 122 (1902) Acknowledgement of Receipt of Materials.		owledgement of Rec		, track
20 (d/ a p)	1000			
Driver Signature		Signature		Shipment Date
ection III DESTINATI	ON (Generator completes a-d, d	estination site completes e-	t.)	
Site Name: Colonial Landfill	c. Phor	ne No.:		-
Physical Address 70778	d. Maili	ng Address		
Sorrento, CA 70776	444.7			
Discrepancy Indication Space:				
I hereby certify that the above named material has been a	ccepted and to the best of my	knowledge the foregoin	g is true and accurate	
Cullani 1	11. 1. 1. 1	PRIME	70	
Name of Authorized Agent Signature	Property of	Receipt Date		
Name of Automated Agent	OS (Generator complete a-d, f,	g. Operator* completes e.)	all out of	-0,65% (54)
. Operator's* Name:	b. Ope	erator's* Phone No.:		7 6 - 01
Operator's* Address:				100
. Special Handling Instructions and additional information:				1560
Decid Parioni u dell'ucuono and additional information.		y and accurately describe		

* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

RETURN TO CALBATOR

260-7208 5/93

of Responsible Agency: ___

g. 🗌 Friable; 🔲 Non-friable; 🔲 Both ______ % friable ___

REORDER ONLY THROUGH BFI / UARCO CONTRACT

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NON-HAZARDOUS SPECIAL WASTE & SBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.
If waste is NOT asbestos waste, complete only Sections I. II and III. No. 946109 GENERATOR (Generator completes all of Section I) Trans American Refining Corp P 0 Box 537 Norco, Li 70079 19001 504 /64 8611 f. Phone No.: If owner of the generating facility differs from the generator, provide: h. Owner's Phone No.: TYPE 0 4 2 9 DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG 9 7 I. BFI WASTE CODE or WRAP.
- TRUCK '
- OTHER Catlayst Speorbents Spent j. Description of Waste: 01 UNITS GENERATOR'S CERTIFICATION: I hereby certify that the above name OUNDS - YARDS - CUBIC METERS - CUBIC YARDS V Soott Allen - OTHER Generalor Authorized Agent Name TRANSPORTER (Generator complete a-d: Transporter II complete 1-n) Section II TRANSPORTER II TRANSPORTER I a. Name: B F I h. Name: P 0 Box 605 i. Address: b. Address: Norco, LA 70079 c. Driver Name/Title: LUKS ROBERT j. Driver Name/Title: _ d. Phone No.: (75-8021 PRINT/TYPE _ I. Truck No.: e. Truck No.: 127 k. Phone No.: f. Vehicle License No./State: 1332 4804 m. Vehicle License No./State: _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Luke laket 054096 n. Driver Signature DESTINATION (Generator completes a-d, destination site completes e-f.) Section III Colonial Landfill HMY 70 Sorrento, LA 70079 d. Mailing Address b. Physical Address: best of my knowledge the foregoing is true and accurate. te a-d. f. g. Operator* comple b. Operator's Phone No .: a. Operator's Name: d. Special Handling Instructions and additional Information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, pecked, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Print/Type f. Name and Address of Responsible Agency: _ % nonfriable g. 🗌 Friable; 🗌 Non-friable; 🔲 Both ____ % friable _

ses, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both. Operator refers to the company which owns, le Acres .

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPERATOR



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			and the last	ŀ

SPECIAL WASTE & BESTOS MANIFEST

	ERATOR (Generator completes all of Section I)
Signerator Name: TransAmerican Refining	corp b. Generating Location:
Agnerator Name: P 0 Box 537	The Agent Application and the Control of the Contro
AddressNorco, LA /UU/3	
 	
Phone No.: 504 764 8611	f. Phone No.:
wher of the generating facility differs from the generator, p	h. Owner's Phone No.:
Owner's Name:	IIES
BFI WASTE CODE LA 620 91	70429 2 4 3 2 9 5 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG
Description of Waste: Spent Catalyst Absor	roen cs k. Quantity or WRAP
	P 0 1 T O OTHER
any applicable state law, has been properly described applicable regulations; AND, if the waste is a treatment residing state law, has been treated a treatment residing the state of the s	we named material is not a hazardous waste as defined by 40 CFR Part 261 or filed and packaged, and is in proper condition for transportation according to live of a previously restricted hazardous waste subject to the Land Disposal and in accordance with the requirements of 40 CFR Part 268 and is no longer a CUBIC METERS Shipment Date UNITS P - POUNDS - YARDS O - OTHER
Generator Authorized Agent Nemb	RTER (Generator complete a-d: Transporter II complete e-g Transporter II complete h-n)
TRANSPORTER I	TRANSPORTER II
B F I	h. Name:
Name:	
Address: P 0 Box 605 Sorrento, LA 070778	i. Address:
- f. ba Catal	j. Driver Name/Title:
Driver Name/Title: La Do Paris PRINT/TYPE Phone No.: 1675 - 8021 e. Truck	
	m. Vehicle License No./State:
Vehicle License No./State: B22 U564 Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
2 6 2/2- 0	Shipment Date
Driver Signature	Shipmort Date Driver Signature
Section III	TION (Generator completes a-d, destination alte completes a-f.)
Site Name Colonial Landfill	c. Phone No.: d. Mailing Address
Somento 1A 70778	d. Mailing Address
b. Physical Address:	
The state of the s	
e. Discrepancy Indication Space:	en accepted and to the best of my knowledge the foregoing is true and accurate.
I hereby certify that the above named material has been	in accepted and to an extension
h-	15/396
f. STEPHOUTE SAUCHEZ Signature	Receipt Date
Section IV ASBE	STOS (Generator complete a-d, f, g, Operator completes e.)
THE RESERVE OF THE PROPERTY OF THE PARTY OF	b. Operator's* Phone No.:
a. Operator's* Name:	Marie Constitution of the
c. Operator's* Address:	wa sa
d. Special Handling Instructions and additional information	
OPERATOR'S CERTIFICATION: I hereby declare that the	contents of this consignment are fully and accurately described above by proper shipping name and are class are condition for transport by highway according to applicable international and government regulations.
packed, marked, and laborod, and	100000
e. Operator's* Name & Title:	Operator's Signature Date

REORDER ONLY THROUGH BFI / UARCO CONTRACT

RETURN TO OPER



If waste is asbestos waste, complete is NOT	ete Sections I, II, III and IV. Complete only Sections I, II and III. No. 946103
ection I GENERATOR (Gen	erator completes all of Section I)
Generator Name: TransAmerican Refining Corp	d. Address:
7 (92) (30), (62) (62)	Phone No.:
Phone No.: where of the generating facility differs from the generator, provide:	
Owner's Name:	h. Owner's Phone No.: TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG B - BAG D - DATE DRUM DP
Description of Waste: Spent Catalyst Absorbents	PUII O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly described, classified and packaged, a applicable regulations; AND, if the waste is a treatment residue of a previously restrictions, I certify and warrant that the waste has been treated in accordance with hazardous waste as defined by 40 CFR Part 261. V Scott Allen Environ. Specl.	restricted bazardous waste subject to the Land Disposal Y - YARDS
Section II TRANSPORTER (Generator	Transporter I complete e-g Transporter II complete h-n
TRANSPORTER I Name:	h. Name:
Address: P 0 Box 605 Sorrento LA 70778	i. Address:
Driver Name/Title: Zuka Pah & PRINTITYPE	j. Driver Name/Title:PRINT/TYPE
PRINT/TYPE Phone No.:	k. Phone No.: I. Truck No.:
Vehicle License No State: B324 804	m. Vehicle License No./State:
Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
1. h. blid 051/49	(c) n. Shipment Date
Driver Signature Shipment Date	Onver Signature Snipment Care completes a-d, destination site completes a-f.)
Colonial Landfill	
a. Site Name: Boay 70 Sorrento, LA 70778	c. Phone No.:
p. Physical Address:	d. Mailing Address
Discrepancy Indication Space:	
I hereby certify that the above named material has been accepted and to	the best of my knowledge the foregoing is true and accurate.
ACRECTOS IS	complete a-d, f, g, Operator* completes e.)
Deciloit 14	b. Operator's* Phone No.:
a. Operator's* Name: c. Operator's* Address:	b. Operators: Priorie No

g. 🗌 Friable; 🔲 Non-friable; 🔲 Both _

Name and Address
 of Responsible Agency: _

ns, leases, operates, controls, or supervises the facility being demolished or renovated, or the de

ection I	I waste is NOT aspestos		
GHOIT 1	· · · · · · · · · · · · · · · · · · ·	waste, complete only Sections I, II and III. R (Generator completes all of Section I)	
130	TransAmerican Refining Cor	p b Generating Location.	
Generator Name:	P 0 Box 537 Norco, LA 70079	d Address:	
Address	Norce, LA 70079	C C	<u></u>
	504 764 8611	f. Phone No.:	
	facility differs from the generator, provide:		
	lacing division are generally	h. Owner's Phone No.:	
Owner's Name: BFI WASTE CODE	CA 620 9704	X 7 12 14 3 1 1 2 12 10 1	TYPE DM - METAL DRUM DP - PLASTIC DRUM B - BAG
Description of Waste:	SpentCatalyst Absorbents	k. Quantity 4 1680 Upits	No. TYPE BA - 6 MIL, PLASTIC BAG
	7		T - TRUCK O - OTHER
any applicable state las applicable regulations; a Restrictions, I certify an hazardous waste as del	FICATION I hereby certify that the above named m w, has been properly described, classified and pac AND, if the waste is a treatment residue of a previd warrant that the waste has been treated in accordined by 40 CFR Part 261.	ingled, and is in proper i	the Land Disposal Y - YARDS
Generator Authorized A	gent Name Signature	Omprior 2	
ection II	TRANSPORTER (G	ransporter I complete a-d; Transporter II complete	
	TRANSPORTER I		TRANSPORTER II
Name: BFI	131.73	h. Name:	
Address:	P 0 Box 60.5	i. Address:	
Sorr	ento LA 70778		
Driver Name/Title;	Libe Robert	j. Driver Name/Title:	BOINT/TVDE
Phone No.: 1			I. Truck No.:
Vahicle License No./	State: <u>R309007</u>	m. Vehicle License No./State	·
Acknowledgement	of Receipt of Materials.	Acknowledgement of R	eceipt of Materials.
J Driver Signature	Kabat OSISS		Shipment Date
Section III		nerator completes a-d, destination site complete	s e4.)
. Site Name:	Colonial Landfill Hiway 70 Sorrento, LA 70/78	c. Phone No.:	
. Physical Address: _	Hiway 70 Sorjenos Ch. 76775	d. Mailing Address	
. Discrepancy Indication	on Space:		
I hereby certify that t	the above named material has been accepted	and to the best of my knowledge the foreg	oing is true and accurate.
1.111	What Illi	high 125	
Name of Authorized Agent	Signáture	Receipt Dat	0
Section IV	ASBESTOS (Ge	enerator complete a-d, f, g, Operator* completes	e) M/1/1
. Operator's* Name:		b. Operator's* Phone No.:	Helde &
. Operator's* Address	II CALLED TO THE CONTRACT OF T	1.	44400
d. Special Handling Inc	structions and additional information:	\	42680
OPERATOR'S CERTIFIC backed, marked, and lab	CATION: I hereby declare that the contents of the eled, and are in all respects in proper condition for	is consignment are fully and accurately descri- transport by highway according to applicable	ibed above by proper shipping name and are class international and government regulations.
e. Operator's* Name &	Title:	S Operator's Sig	nature Date
. Name and Address of Responsible Age	Print lype		
	Non-friable; Both % fria		and the second s

BET NON-HAZAR OUS SPECIAL WASTE & SBESTOS MANIFEST

ection I			(Generator completes all of Section I)	- 12 m (p. 1542) (c)
Generato	Name: TransAmerican	REfining Corp	b. Generating Location:	
240	P () Box 53/	The second second second second	d. Address:	Contract of the Contract of th
Address	Norco, LA /90/3			
10	504 764 8611		t. Phóne No.:	15 130 3
Phone N	o.:he generating facility differs fro			
Oumar's	NameSpent Catalyst	Absorbents	h. Owner's Phone No.:	
Owners	Namespent data res		2 4 2 9 5 containers	TYPE DM - METAL DRUM
BFI WAS	TE CODE	20 97092	Containers	DP - PLASTIC DRUM B - BAG
Descript	ion of Waste: Spent Ca	talyst/Absorbents	k. Quantity Upits No. TY	PE BA - 6 MIL. PLASTIC BAG or WRAP
Doscripti	A Distriction	a and a second of a		T - TRUCK O - OTHER
-			rial is not a hazardous waste as defined by 40 CFR Part 261	or UNITS
any app	licable state law, has been prope	ny described, classifed and packag	sale restricted bezardous waste subject to the Land Dispo	sal Y - YARDS
applicab	le regulations; AND, if the waste i	vaste has been treated in accordance	se with the requirements of 40 CFR Part 268 and is no longer	y ³ - CUBIC METERS
V SCO	us waste as defined by 40 CFR Pa	11 261.	Malalala	O - OTHER
Envir	onmental Specialis	Signature	Shipment Date	
1.7	or Authorized Agent Name		erator complete a-d; Transporter II complete e-g Transporter II complete h-n	
ection !	The state of the s		TRANSPOR	ITER II
11	TRANSPO	NIENI	h. Name:	
Name:	B F I P O Box 605		i. Address:	
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NON-HAZARDOUS SPÉCIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is NOT asbestos waste, complete only Sections I, II and III. No. 946098 038922 GENERATOR (Generator completes all of Section I) TransAMerican Refining Corp b. Generating Location: c. Address P 0 Box 537 / Norco, LA 70979 e. Phone No.: 504 764 8611

If owner of the generating facility differs from the generator, provide: h. Owner's Phone No.: TYPE DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER 2 9 5 LA 620 97 I. BFI WASTE CODE Spent Catalyst Absorbents j. Description of Waste: _ 01 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the weate is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions, I certify and warrant that the waste has been troated in accordance with the requirements of 40 CFR Part 268 and is no longer a hazardous waste as defined by 40 CFR Part 261. UNITS P - POUNDS Y - YARDS M³ - CUBIC METERS Y³ - CUBIC YARDS - OTHER Environmental Specialists
Generator Authorized Agent Name
Signature TRANSPORTER (Generator complete a-d: Tran Section II TRANSPORTER II TRANSPORTER I h. Name: a. Name: P 0 Box 605 i. Address: Sorrento, LA 70778 b. Address: c. Driver Name/Title: YUKe Roh CRY j. Driver Name/Title: d. Phone No.: 175 - 5021 e. Truck No.: 127 I. Truck No.: k. Phone No.: f. Vehicle License No./State: <u>R37 4906</u>. Acknowledgement of Receipt of Materials. m. Vehicle License No./State: _ Acknowledgement of Receipt of Materials. 050990 Driver Signature g. DESTINATION (Generator completes a-d, destination site completes e-f.) Section III c. Phone No.: _ a. Site Name: _ Colonial Landfill b. Physical Address HWY 70 Sorgento, LA 70778 d. Mailing Address e. Discrepancy Indication Space: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. ASBESTOS (General Section IV a. Operator's* Name: c. Operator's* Address: _ d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I bereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Print/Type Operator's Signature f. Name and Address

REORDER ONLY THROUGH BFI / UARCO CONTRACT

g. Friable; Non-friable; Both ____

of Responsible Agency:

RETURN TO OPERATOR

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Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both. 260-720B 5/93

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nerator Name: TransAmerican Refining Corp P 0 Box 537 Norco, L A 70079 Some No.: 504 764 8611 There of the generating facility differs from the generator, provide: When some Name: 1 A 6 2 0 9 7 0 7	f. Phone No.: h. Owner's Phone No.: TYPE DM - METAL DRIM
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Generator Authorized Agent Name Signature	Generator complete a-d; Transporter I complete h-n TRANSPORTER II
Name: BE J P 0 Box 605 Address: Sorrento, LA 70778	h. Name: i. Address:
Driver Name/Title: Juke Robert PRINT/PE 1. Phone No.: 1675 - 8021 e. Truck No.: 1	j. Driver Name/Title:
Acknowledgement of Receipt of Materials.	79 (n. Shipment Date .
Section III DESTINATION	nt Date (Generator completes a-d, destination site completes e-f.)
a Site Name: Colonial Landfill b. Physical Address 70 Sorrento LA 70778	
CHO/ORIGHT 16/10	ted and to the best of my knowledge the foregoing Is true and accurate. Receipt Date
Name of Authorized Agent Section IV ASBESTOS	(Generator complete a-d, f. g. Operator" completes e.) b. Operator's* Phone No.:
a. Operator's* Name:	b. Operator a ricon-
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RETURN TO OPERATOR

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* Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renormalized to the company which owns, leases, operates, controls, or supervises the facility being demolished or renormalized to the company which owns, leases, operates, controls, or supervises the facility being demolished or renormalized to the company which owns, leases, operates, controls, or supervises the facility being demolished or renormalized to the company which owns, leases, operates, controls, or supervises the facility being demolished or renormalized to the company which owns, leases, operates, controls, or supervises the facility being demolished or renormalized to the company which owns, leases, operates, controls, or supervises the facility being demolished or renormalized to the company which owns, leases, operates, controls, or supervises the facility being demolished to the company which owns.

e, Operator's" Name & Title: PrintType

1. Name and Address of Responsible Agency:

g. Friable; Non-friable; Both ___

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NON-HAZARDOUS SPECIAL WASTE & BESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III. No. 946096 a. Generator Name: P 0 Rox 537 Norco, LA 70079 0: 651 504 764 8611 f. Phone No.: _ e. Phone No.: If owner of the generating facility differs from the generator, provide: h. Owner's Phone No .: g. Owner's Name: TYPE DM - METAL DRUM
DP - PLASTIC DRUM
B - BAG
BA - 6 MIL. PLASTIC BAG
or WRAP
T - TRUCK
O - OTHER 2 ٥ 970 I. BFI WASTE CODE j. Description of Waste: Spent Catalyst Absorbents 0 1 GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR Part 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions; Tourity and warrant that the waste has been treated in accordance with the requirements of 40 CFR Part 288 and is no longer a hazardous waste as defined by 40 CFR Part 288. UNITS - POUNDS - YARDS - CUBIC METERS¹ - CUBIC METERS¹ any applicable state law, has been properly desc applicable regulations; AND, if the waste le a tree Restrictions, I certify and warrant that the yeaste he hazardous waste as defined by 40 CFR Part 261. - OTHER Environmental Specialist Kull Generator Authorized Apent Name 0509910 TRANSPORTER (Generator complete a-d; Transporter II complete b-g; Transporter II complete h-n) TRANSPORTER I a. Name: B F I
b. Address: P 0 Box 605
Sorrent h. Name: Sorrento, LA 70778 c. Driver Name/Title: # UHS RORT j. Driver Name/Title: I. Truck No.: d. Phone No.: 675 8021 e. Truck No.: 13 7 1. Vehicle License No./State: 8334506 m. Vehicle License No./State: Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 050596 n. Driver Signature DESTINATION (Generator completes a-d, destination site completes e-f.) Section III Colonial Landfill c. Phone No.: a. Site Name: b. Physical Address: 70778 d. Mailing Address e. Discrepancy Indication Space: en accepted and to the best of my knowledge the foregoing istrue and accurate. I hereby certify that the above named material has ASBESTOS (Generator complete a-d, f, g, Operator co b. Operator's* Phone No. a. Operator's* Name: c. Operator's* Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's* Name & Title: Print/Type f. Name and Address of Responsible Agency: g. 🗌 Friable; 🔲 Non-friable; 🔲 Both _____ 78240 % friable ___ Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovated. 260-720B 5/93 REORDER ONLY THROUGH BFI / UARCO CONTRACT RETURN TO OPERATOR

NON-HAZARDOUS SPECIAL WASTE & SBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III. No. 946095 GENERATOR (Generator completes all of Section I) a. Generator Name: TransAmerican Refining Coep b. Generating Location P 0 Box 537 Norco, LA 70079 _ d, Address: _ c. Address _ Cultura 504 764 8611 f. Phone No.: e. Phone No.: If owner of the generating facility differs from the generator, provide: h. Owner's Phone No.: g. Owner's Name: DM - METAL DRUM DP - PLASTIC DRUM B - BAG BA - 6 MIL. PLASTIC BAG or WRAP 2 9 5 i. BFI WASTE CODE J. Description of Waste: Spent Catalyst/Abosrbents TYPE or W TRUCK OTHER 0 1 T the above named material is not a hazardous waste as defined by 40.CFR Part 261 or d, classified and packaged, and is in proper condition for transportation according to intreaddue of a previously restricted hazardous waste subject to the Land Disposal sen treated in accordance with the requirements of 40 CFR Part 288 and is no longer a UNITS GENERATOR'S CERTIFICATION: I hereby certify that the any applicable state law, has been properly described, class applicable regulations; AND, If the waste is a treatment rea Restrictions, I certify and warrant that the waste has been tre hazardous waste as defined by 40 CFR Part 261.

V Scott Allen - POUNDS - YARDS - CUBIC METERS OTHER 150 Environmental Specialist Modification Signature TRANSPORTER (Generator complete a-d; Transporter II complete a-d) B F I P 0 Box605 TRANSPORTER II h. Name: b. Address: Sorrento, LA 70078 i. Address: c. Driver Name/Title: FULLO PRINT/TYPE d. Phone No.: 675-5021 e. Truck No.: _/ k. Phone No.: _ f. Vehicle License No./State: P.309002 m. Vehicle License No./State: _ Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. 07070 Shipment Date DESTINATION (Generator completes a-d, destination site completes e-f.) Section III Colonial Landfill b. Physical Address Wy 70 Sorrento LA 70778 d. Mailing Address I hereby certify that the abovernamed material has been accepted and to the best of my knowledge the foregoing is true and accurate. Section IV 72180 a. Operator's Name: 14480 c. Operator's Address: _ d. Special Handling Instructions and additional information: 200 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. Date e. Operator's' Name & Title Coerator's Signature Print/Type f. Name and Address of Responsible Agency: g. 🔲 Friable; 🔲 Non-friable; 🔲 Both _ % friable _____ * Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.

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260-7208 5/93

REORDER ONLY THROUGH BEI / UARCO CONTRACT RETURN TO OPERA 3

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d. Phone No. 675-802 Vehicle License No/State: C Acknowledgement of Receip	325728	k. Phone No.: 1. True m. Vehicle License No./State: Acknowledgement of Receipt of Materials.	ck No.:
Driver Signature Section III	Shipment Date DESTINATION (Generato	n. Driver Signature or completes a-d., destination site completes a-f.)	Shipment Date
a. Site Name: Colons 1 L	LA 70778	c. Phone No.: d. Mailing Address	
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e. Discrepancy Indication Space: I hereby certify that the abovern f. Name of Authorized Agent	amed material has been accepted and to	the best of my knowledge the foregoing is true and accurate:	

OPERATOR'S CERTIFICATION: Thereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations.

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Operator's Signature

e. Operator's* Name & Title: Print/Type

g. 🗌 Friable; 🔲 Non-friable; 🔲 Both _

f. Name and Address of Responsible Agency: __

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e. Operator's* Name & Title: Print/Type

g. Triable; Non-friable; Both % friable % nonfriable

of Responsible Agency: _

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c. Address	Norco La	70079	d. Addres	s:		
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	504 764 8611		f. Phone	No.:		
owner of the gen	erating facility differs tro	m the generator, provid	ie: Cy	*		
. Owner's Name:	25 32 3		h. Owner	s Phone No.:		
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GENERATOR'S	CERTIFICATION: I hereby	v certify that the above near	ned material is not a haza		40 CFR Part 261 or	UNITS
any applicable s	state law, has been proper	ty described, classified an	d packaged, and is in pr	oper condition for transpor	rtation according to	P - POUNDS
Restrictions, I ce	ations; AND, if the waste is	s a treatment residue of a easte has been treated in a				Y - YARDS M³ - CUBIC METERS
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TICKET NO. 05453	TRANSAMERICAN Refining Corporation DATE 5-2-96
3 161	0111-03
MATERIAL CATAGIST AD AD	MANIFEST NO. 946083
CARRIED BFE	BILL OF LADING 42390
TRUCK AND TRAILER NO. 131- CII9	DRIVER: ON OFF
DELIVER TO: Colonial Landfill	
	Ib. GROSS 77580
	1b. NET 31780
DATE TIME	WEIGHER
SHIPPER	RECEIVED BY Jone Jone
DRIVER	District District Children
White/SECURITY Yellow/ACCOL	OUNTING GREEN TROCK-SOLF LIET THIS SECTION.
	Secretary to the secret
If waste is asbestos if waste is NOI asb	SPECIAL WASTE & ABBESTOS MANIFEST stos waste, complete Sections I, II, III and IV. asbestos waste, complete only Sections I, II and III. BERATOR (Generator completes all of Section I) Corp b. Generating Location:
a. Generator Name: 14902 RiverRoad	0. Galloung Essentia
c Address New Sarpy La 70078	d. Address:
P 0 Box 53/ e. Phone No.: 504 764 8611	
e. Phone No.: 504 /64 8611 If owner of the generating facility differs from the generator, providence of the generator of th	ovide:
If owner of the generating facility differs from the generator, proving. g. Owner's Name:	h. Owner's Phone No.:
L BFI WASTE CODE LA 620 97	TYPE 1 0 4 2 9 2 4 3 2 9 5 Containers DM - METAL DRUM DP - PLASTIC DRUM
j. Description of Waste: Spent Catalyst /ABsorbe	bents k. Quantity Units No. TYPE B - BAG BA - 6 MIL PLASTIC BAG OF WRAP T - TRUCK
To the second second	named material is not a hazardous waste as defined by 40 CFR Part 261 or UNITS
	d and packaged, and is in proper condition for transportation according to of a previously restricted hazardous waste subject to the Land Disposal In accordance with the requirements of 40 CFR Part 268 and is no longer a CUBIC METERS Y3 - CUBIC YARDS O - OTHER Shipment Date
NAC - Experience of the second	TER (Generator complete a-d; Transporter I complete e-g)
TRANSPORTER I	TRANSPORTER II
a. Name: B F I	h. Name:
h Address: P O Box 605	i. Address:
Sorrento, LA 70/78	
c. Driver Name/Title: ERVEST GATHES	j. Driver Name/Title:
d. Phone No.: 475-8034 e. Truck No.:	k. Phone No.: I. Truck No.:
	m. Vehicle License No./State:
f. Vehicle License No./State 3325728	Acknowledgement of Receipt of Materials.
f. Vehicle License No./State 33.5728 Acknowledgement of Receipt of Materials.	
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f. Vehicle License No/State 335728 Acknowledgement of Receipt of Materials. g	n. Driver Signature Shipment Date ON (Generator completes a-d, destination afte completes e-f.)
f. Vehicle License No/State 335728 Acknowledgement of Receipt of Materials. g	n
f. Vehicle License No/State 335728 Acknowledgement of Receipt of Materials. g	n. Driver Signature Shipment Date ON (Generator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address
1. Vehicle License No/State 335728 Acknowledgement of Receipt of Materials. 9. Driver Signature Shippers Shippers Section III DESTINATION Colonial Landfill a. Site Name: Hiway 70 b. Physical Addresorrento, LA 70778	n. Driver Signature Shipment Date ON (Generator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address
f. Vehicle License No /State 335728 Acknowledgement of Receipt of Materials. g	n
f. Vehicle License No / State 335728 Acknowledgement of Receipt of Materials. g	n
f. Vehicle License No /State 335728 Acknowledgement of Receipt of Materials. g	n. Driver Signature ON (Generator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address c. Phone No is a complete and to the best of my knowledge the foregoing is true and accurate. Receipt Date OS (Generator complete a-d, f, g, Operator' completes e.)
f. Vehicle License No /State 335728 Acknowledgement of Receipt of Materials. 9	n
f. Vehicle License No /State 335728 Acknowledgement of Receipt of Materials. g	n
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f. Vehicle License No / State 335728 Acknowledgement of Receipt of Materials. g	Shipment Date ON (Generator completes a-d, destination afte completes e-f.) c. Phone No.: d. Mailing Address d. Mailing Address cocepted and to the best of my knowledge the foregoing is true and accurate. Procepted and to the best of my knowledge the foregoing is true and accurate. Descript Date OS (Generator complete a-d, f, g, Operator's completes s.) b. Operator's Phone No.: ents of this consignment are fully and accurately described above by proper shipping name and are classifulation for transport by highway according to applicable international and government regulations. Operator's Signature % friable % nonfriable
f. Vehicle License No /State 335728 Acknowledgement of Receipt of Materials. g	n
f. Vehicle License No /State 335728 Acknowledgement of Receipt of Materials. g	Shipment Date ON (Generator completes a-d, destination afte completes e-f.) c. Phone No.: d. Mailing Address d. Mailing Address cocepted and to the best of my knowledge the foregoing is true and accurate. Procepted and to the best of my knowledge the foregoing is true and accurate. Descript Date OS (Generator complete a-d, f, g, Operator's completes s.) b. Operator's Phone No.: ents of this consignment are fully and accurately described above by proper shipping name and are classifulation for transport by highway according to applicable international and government regulations. Operator's Signature % friable % nonfriable



NON-HAZARDOUS SPECIAL WASTE & ABESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV. If waste is <u>NOT</u> asbestos waste, complete only Sections I, II and III.

No. 946082

TransAmerican Refinig Corp	
enerator Name:	b. Generating Location:
Address New Sarpy LA 70078	d. Address:
Quiess	
504 764 8611	f. Phone No.:
Phone No.:	
owner's Name:	h. Owner's Phone No.:
	2 4 3 9 5 Containers DM - METAL DRUM
FI WASTE CODE LA 620 949 92	DP - PLASTIC DHUM B - BAG
Description of Waste Catalyst Absorbents	k. Quantity Units No. TYPE BA - 6 MIL. PLASTIC BAG or WRAP
	P 0 1 T -TRUCK O -OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named mater	rial is not a hazardous waste as defined by 40 CFR Part 261 or UNITS P - POUNDS
any applicable state law, has been properly described, classified and package	the restricted hazardous waste subject to the Land Disposal Y - YARDS
Restrictions. I certify and warrant that the waste has been treated in accordance	Y ³ - CUBIC YARDS
hazardous waste as defined by 40 CFR Part 261. V. Scott Allen	0 - OTHER
Environmental Specialist Signature Generator Authorized Agent Name	Shipment Date
	Transporter I complete e-g erator complete a-d; Transporter II complete h-n
TRANSPORTER I	TRANSPORTER II
	h. Name:
P 0 Box 605	i. Address:
Address: Sorrento, LA 70778	
ED OPT L	j. Driver Name/Title:
Phone No.: 675 - 502 PRINT/TYPE. Princk No.: 171	k. Phone No.: I. Truck No.:
Vehicle License No./State:	m. Vehicle License No./State: Acknowledgement of Receipt of Materials.
Acknowledgement of Receipt of Materials.	
Shipment Date	n. Driver Signature Shipment Date
Driver Signature Section III DESTINATION (Gener	Shipment Date
Section III DESTINATION (Gener	priver Signature rator completes a-d, destination site completes e-f.)
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Site Name: Colonial Landfill Hiway 70 Shrrento, LA 70778 Physical Address: Discrepancy Indication Space: I hereby certify that the above named material has been accepted and Name of Authorized Agent IV ASBESTOS (Generator's * Name: Operator's * Address: Special Handling Instructions and additional information:	c. Phone No.: d. Mailing Address dt to the best of my knowledge the foregoing is true and accurate. Receipt Date b. Operator's Phone No.: 71360
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Site Name: Colonial Landfill Hiway 70 Sorrento, LA 70778 Physical Address: Discrepancy Indication Space: I hereby certify that the above named material has been accepted and Name of Authorized Agent Signature ASBESTOS (Generator's Name: Operator's Address: Special Handling Instructions and additional information: PERATOR'S CERTIFICATION: I hereby declare that the contents of this cacked, marked, and labeled, and are in all respects in proper condition for transports.	rator completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address d to the best of my knowledge the foregoing is true and accurate. Receipt Date b. Operator's Phone No.: 40340 3/360 consignment are fully and accurately described above by proper shipping name and are classifie ansport by highway according to applicable international and government regulations.
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NON-HAZARDOUS SPECIAL WASTE & ABBESTOS MANIFEST

0.1.10

If waste is asbestos waste, complete Sections I, II, III and IV.

If waste is NOT asbestos waste, complete only Sections I, II and III.

No. 946081

Phone No. 504 764 8611 It owner of the poreresting facility define from the generator, provides. G. Owner's Name: I. BRI WASTE CODE I. Description of Waster. Spent Ca ta' 1ys Y/Abs or heart G. Description of Waster. Spent Ca ta' 1ys Y/Abs or heart G. Description of Waster. Spent Ca ta' 1ys Y/Abs or heart G. Description of Waster. Spent Ca ta' 1ys Y/Abs or heart G. Description of Waster. Spent Ca ta' 1ys Y/Abs or heart G. Description of Waster. Spent Control to the more properly described. Description of a previously restricted heart of control to the fund Disposal Pleastones, or control to the control to the fund Disposal Pleastones, or control to the fund Disposal Pleasto	Section 12	enerator completes all of Section I)
6. Pitone No: 504 764 8611 If owner of the generating tapility differs from the generator, provide: BOWNETS CODE: DISCORDING PRINTING AND THE STATE OF THE STA	a. Generator Name: Trans American Refining Corp 147902 River Road c. Address 470078	d. Address:
Transporter II Name: September 12 Direct Name: Transporter II Name: September 13 Direct Name: Transporter II Name: September 14 Direct Name: Transporter II Name: Direct Nam		4 12%
Section III Destriction III Destriction III Destriction of Waste Spent Catalyst/Absorbents Landing Landin	e. Phone No.:	f. Prione No.:
Description of Waste: Spent Catalys t/Absorbents Description of Part Catalys t/Absorben		h. Owner's Phone No.:
GENERATORS GERTEICATON: 1 benety contily that the above named material is not a hazardous waste of enfined by 40 CET Per 25 to 0 TOTHER STATES AND THE CONTINUE AND THE PER 25 to 0 TOTHER STATES AND THE PER 25 t	1. BFI WASTE CODE 28 630 97042	2 4 3 2 9 5 Containers DM - METAL DRUM DP - PLASTIC DRUM B - BAG
GENERATOR'S CERTIFICATION: I bereby orderly flacethod. Casediate and package, and in proper to interprotation according by "ACRDS any applicable state law, has been properly described. Casediate and package, and is in proper to interprotation according by "ACRDS applicable regulations, ARI, if the weater is a feetherment readded of in accordance with the requirements of 40 CFR Part 268 and in ro knopes." I PRANSPORTER I TRANSPORTER (Generator completes and Transporter Date Suppress Date of the Control of the Co	1. 2000. Past .	K. Quantity
TRANSPORTER II a. Name: B F I a. Name: B SQX 60b b. Address: C. Driver Name/Title: Parkityre Phone NO: Truck No:	any applicable state law, has been properly described, classified and patched applicable regulations; AND, if the waste is a freatment residue of a previously Restrictions, I certify and warrant that the waste has been treated in accordance waste as defined by 40 CFR Part 261. Environmental Specialist Generator Authorized Agent Name	is not a hazardous waste as defined by 40 CFR Part 2016 I, and is in proper condition for transportation according to y restricted hazardous waste subject to the Land Disposal with the requirements of 40 CFR Part 268 and is no longer a Shipment Date P - POUNDS
TRANSPORTER II a. Name: B F I a. Name: B SQX 60b b. Address: C. Driver Name/Title: Parkityre Phone NO: Truck No:		tor complete a-d; Transporter II complete h-n)
C. Driver Name/Title:	TRANSPORTER I	TRANSPORTER II
Note Clones No/State: 12572 Makerials. Note Receipt of Materials. Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Acknowledgement of Receipt of Materials. Note Receipt of Ma	b. Address: Sorrento, LA 70778	i. Address:
Note Clones No/State: Acknowledgement of Receipt of Materials. Discrepantive Section III DESTINATION (Generator completes act, destination site completes	c. Driver Name/Title: /- / PRINT/TYPE	j. Driver Name/Title:
Section III DESTINATION (Generator completes a-d, destination site completes e-d.) a. Site Name: Colonial LandFill	d. Phone No.:	
Section III DESTINATION (Generator completes a-d, destination site completes e-f.) Section III DESTINATION (Generator completes a-d, destination site completes e-f.) A Site Name: Colonial LandFill	Acknowledgement of Receipt of Materials.	Acknowledgement of Receipt of Materials.
a. Site Name: Colonial LandFill	Driver Signature	
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Comparison	a. Site Name: Colonial LandFill Hiway 70 Sorrento, LA 70778	c. Phone No.:
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. Comparison		
Receipt Date Section IV ASBESTOS (Generator complete ard, f. g. Operator's completes e.) a. Operator's Name: b. Operator's Phone No.: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: PrintType 1. Name and Address of Responsible Agency: Gerator's Signature Operator's Signature	e. Discrepancy Indication Space:	to the best of my knowledge the foregoing is true and accurate.
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c. Operator's * Address: d. Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's * Name & Title: Print/Type Operator's Signature	OBCOOT!	
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OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and government regulations. e. Operator's Name & Title: Print/Type		
9. Operator's* Name & Title: Print/Type 1. Name and Address of Responsible Agency: g.	NEW TOTAL CONTROL OF THE PROPERTY OF THE PROPE	in and are fully and accurately described above by proper shipping name and are classified
e. Operator's Name & Title: Print/Type Date	OPERATOR'S CERTIFICATION: I hereby declare that the contents of this contents of the contents	sport by highway according to applicable international and government regulations.
f. Name and Address of Responsible Agency: g. Friable; Non-friable; Both % friable % nonfriable Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.		
of Responsible Agency: g. Friable; Non-friable; Both % friable % nonfriable Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.	Print/Type.	Operator's Signature
Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation, or both.	of Responsible Agency:	% nonfriable
(A) 260-720B 568		the facility being demoliphed or repoysted, or the demolition or repoyation operation, or both.
		260-7208 5/9

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NON-HAZARIOUS SP	ECIAL WA	STF & ARRI	ESTOS M	ANIFEST
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Generator Name: TransAmerican Refining Co P 0 Box 537 Address Norce 14 70079	b. Generatin	14902 River	Road NEW Sa	rpy LA 70078
		4 4 4 4		Lander Street
		0.0	/	
owner of the generating facility differs from the generator, provide: Owner's Name:	h. Owner's l	Phone No.:		
BFI WASTE CODE /A (20 9 77 A	119 24	2 9 5 00		IYPE 1 - METAL DRUM
Description of Waste Spent Catalyst/Absorbents	k Quantit	y Units N	В	- PLASTIC DRUM - BAG - 6 MIL. PLASTIC BAG
Descripting of the second seco	33			or WRAP - TRUCK - OTHER
GENERATOR'S CERTIFICATION: Legendry carefy that the above named any applicable state law, has been properly described, classified and	d material is not a hazardo	us waste as defined by 40 C	PR Part 261 or	- UNITS - POUNDS
applicable regulations; AND, if the waste is a treatment residue of a p Restrictions, I certify and warrant that the waste has been treated in acc	previously restricted haz	ardous waste subject to the	Land Disposal Y	- YARDS - GUBIC METERS
V. Scott Allen Environ. Specialist	or all	05079	6	- CUBIC YARDS - OTHER
Generator Authorized Agent Name	a 1110~	Shipment Date		
	(Generator complete a-d;	Transporter I complete e-g Transporter II complete h-t		· · · · · · · · · · · · · · · · · · ·
Name: 3 TRANSPORTER I	h. Nam	ne:	ANSPORTER II	3.00
P 0 Box 605 Address: Sorrento, LA 70778	A CONTRACTOR OF THE CONTRACTOR	ress:		N 920 E
		-		
Driver Name/Title: FRNEST CATNES PRINTING PRINTI	j. Drive	er Name/Title:	PRINT/T	(PE ~
Vehicle Ucense No./State: B32 5 728	Account to the second second	icle License No./State:		Truck No.:
Acknowledgement of Receipt of Materials.		nowledgement of Rec	eipt of Materials.	
Canal Daine 950	796 n.	r Signature		Shipment Date
The state of the s	Generator completes a-d,	destination site completes e-	(.)	HERE T
Site Name: Colonial Landfill Hiway 70	n- -	one No.:		
Physical AddressSorrento, 1A 70778	d. Mai	ling Address		
Discrepancy Indication Space:		3/-5		
I hereby certify that the above named material has been accepte	ad and to the best of my	knowledge the foregoing	istrue and accurate). A
180 1 SPINE 4 11 /1	1/43/11	1307	ZY	
(Authorized Agent ASBESTOS (Generator complete a-d, 1,	g, Operator completes e.)		Aller I
Operator e Name:	b. Ope	erator's* Phone No.:		
Operator's* Address:				- 1 () () () () () () () () () (
Special Handling Instructions and additional Information:	this consignment are full	v and accurately described	above by proper shins	oing name and are classi
PERATOR'S CERTIFICATION: I hereby declars that the contents of acked, marked, and labeled, and are in all respects in proper condition for	or transport by highway a	ccording to applicable intern	national and governme	nt regulations.
Operator's Name & Title:	A 22 .	Operator's Signature	/	Date
Name and Address of Responsible Agency:				
Friable; Non-friable; 🖾 Both 🦰 % fr	riable	% nonfriable		
p. Operator refers to the company which owns, leases, operates, controls, or	or supervises the facility be	eing demolished or renovated	I, or the demolition or re	enovation operation, or both
REORDER ONLY THROUGH BRI / UARCO CONTRACT	RETURN TO OP	PERA CR		260-7206

MATERIAL SCATILIST AUSON		
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CARRIER A FI	MANIFEST NO. 944 BILL OF LADING	42331
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lb. NE	33440	
ATE TIME		
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White/SECURITY Yellow/ACCOUNTING	Green/TRUCK-SUPPLIER Pink/SE	CURITY
NON-HAZARDOUS SPECIA		S MANIFEST
If waste is asbestos waste, com If waste is NOT asbestos waste		946079
	enerator completes all of Section I)	and the second
TransAmerican Refining Corn	ame	
C Address P O Box 537	d. Address:	
Norce, LA 70079	0.0	551
e. Phone No.: 504 764 8611	f. Phone No.:	
If owner of the generating facility differs from the generator, provide:		
g. Owner's Name:	h. Owner's Phone No.:	
L BFI WASTE CODE / A PA 9 7 7 42 9	7 2 4 3 2 9 5 Containers	TYPE DM - METAL DRUM
Spront Chapture (Nh park and a		DP - PLASTIC DRUM B - BAG
J. Description of Waste: Sprent Cettarys CADOS FDents	k, Quantity Units No. TYPE	or WRAP
-	33440 000	T - TRUCK O - OTHER
GENERATOR'S CERTIFICATION: I hereby certify that the above named material is any applicable state law, has been properly discribed, classified and packaged.	not a hazardous waste as defined by AO CFR Part 261 or	UNITS P - POUNDS
Generator Authorized Agent Name Signature Section II TRANSPORTER (Generator TRANSPORTER I	Shipment Date Transporter I complete e-g Transporter II complete h-n TRANSPORTE	ER II '
a. Name: BFI	h. Name:	
b. Address: P 0 Box 605	i. Address:	The state of the s
- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	j. Driver Name/Title:	
c. Driver Name/Title: ERNEST GATNES PRINT/LYPE d. Phone No.: L.75-8021 e. Truck No.: 131	j. Driver Name/Title: k. Phone No.:	PRINT/TYPE
c. Driver Name/Title: ERNEST CATNES d. Phone No.: 475-8021	j. Driver Name/Title: k. Phone No.: m. Vehicle License No./State:	PRINT/TYPE I I
c. Driver Name/Title: ERNEST CATNES d. Phone No.: 475-8021 e. Truck No.: 131	k. Phone No.:	PRINT/TYPE I. Truck No.:
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c. Driver Name/Title: ERNEST GATNES PRINT/YPE d. Phone No.: 475-8021 e. Truck No.: 131 f. Vehicle License No./State: 7335728 Acknowledgement of Receipt of Materials. The August Shipment Date Shipment Date	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature	PRINT/TYPE I. Truck No.:
c. Driver Name/Title: ERNEST CATNES PRINT/LYPE d. Phone No.: L75-8021 e. Truck No.: 13 f. Vehicle License No./State: 3325728 Acknowledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator of a Site Name: Colonial Landfill)	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature ompletes a-d, destination site completes a-f.)	PRINT/TYPE I. Truck No.: ials. Shipment Date
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c. Driver Name/Title: ERNEST CATNES PRINT/TYPE d. Phone No.: 475-8021 e. Truck No.: 131 f. Vehicle License No./State: 3315728 Acknowledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator of Materials) Bestion II	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature completes a-d, destination site completes o-f.) c. Phone No.: d. Mailing Address	PRINT/TYPE I. Truck No.: ialsShipment Date
c. Driver Name/Title: ERNEST CATNES d. Phone No.: 475-8021 e. Truck No.: 13 f. Vehicle License No./State: 3325728 Acknowledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator of Materials) Allway 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and to the Name of Authorized Agent Signature Signature Signature Signature	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature completes a-d, destination site completes a-f.) c. Phone No.: d. Mailing Address Receipt Date	PRINT/TYPE I. Truck No.: ials. Shipment Date
c. Driver Name/Title: ERNEST CATNES PRINT/TYPE d. Phone No.: 475-8021 e. Truck No.: 131 f. Vehicle License No./State: 335728 Acknowledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator of Materials) Below Tourish Colonial Landfill HIWay 70 Sorrento, LA 70778 Description of Authorized Agent Destination Space: I hereby certify that the above named material has been accepted and to the Name of Authorized Agent Section IV ASBESTOS (Generator of Generator o	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature c. Phone No.: d. Mailing Address Receipt Date Acknowledge the foregoing is true and accomplete a-d, f, g, Operator' completes e.)	PRINT/TYPE I. Truck No.: ialsShipment Date
c. Driver Name/Title: ERNEST CATNES d. Phone No.: 175-8021 e. Truck No.: 13 f. Vehicle License No./State: 3325728 Acknewledgement of Receipt of Materials. Diver Signature Section III a. Site Name: Colonial Landfill HIWay 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and to the Name of Authorized Agent Section IV ASBESTOS (Generator of a Operator's Name:	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address Beceipt Date mplete a-d, f, g, Operator's ompletes e.) b. Operator's Phone No.:	PRINT/TYPE I. Truck No.: ialsShipment Date
c. Driver Name/Title: ERNEST CATNES d. Phone No.: L75-8021	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address de best of my knowledge the foregoing is true and a signature and a	PRINT/TYPE I. Truck No.: ialsShipment Date
c. Driver Name/Title: ERNEST CATNES PRINT/TYPE d. Phone No.: 475-8021 e. Truck No.: 131 f. Vehicle License No./State: 3355738 Acknewledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator of Shipment Date) Briway 70 Sorrento, LA 70778 b. Physical Address: I hereby certify that the above named material has been accepted and to the Name of Authorized Agent Section IV ASBESTOS (Generator of Special Handling Instructions and additional information: Operator's Address: d. Special Handling Instructions and additional information:	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address de best of my knowledge the foregoing is true and a signature and a	PRINT/TYPE I. Truck No.: ials. Shipment Date
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c. Driver Name/Title: ERNEST CATNES PRINT/TYPE d. Phone No.: 475-8021 e. Truck No.: 131 f. Vehicle License No./State: 335738 Acknowledgement of Receipt of Materials. Driver Signature Section III DESTINATION (Generator of Shipment Date) Bection III DESTINATION (Generator of Shipment Date) Bection III DESTINATION (Generator of Shipment Date) A Site Name: Colonial Landfill HIWay 70 Sorrento, LA 70778 Description IV ASBESTOS (Generator of Signature) Section IV A SBESTOS (Generator of Special Handling Instructions and additional information: OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignation of marked, and labeled, and are in all respects in proper condition for transport	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature completes a-d, destination site completes e-f.) c. Phone No.: d. Mailing Address de best of my knowledge the foregoing is true and a signature and a	PRINT/TYPE I. Truck No.: ials. Shipment Date
c. Driver Name/Title: ERNEST CATNES d. Phone No.: L75-8021	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature c. Phone No.: d. Mailing Address de best of my knowledge the foregoing is true and a signature and a	PRINT/TYPE I. Truck No.: Shipment Date ccurate. er shipping name and are classiful vernment regulations.
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c. Driver Name/Title: ERNEST CATNES PRINTTYPE d. Phone No.: L. 75-8021	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature c. Phone No.: d. Mailing Address de best of my Knowledge the foregoing is true and a semplete a-d, f, g, Operator's completes e.) b. Operator's Phone No.: ment are fully and accurately described above by prophy highway according to applicable international and go Operator's Signature % nonfriable	PRINT/TYPE I. Truck No.: Shipment Date ccurate. er shipping name and are classi vernment regulations. Date
c. Driver Name/Title: ERNEST CATNES PRINTTYPE d. Phone No.: L75-8021	k. Phone No.: m. Vehicle License No./State: Acknowledgement of Receipt of Mater n. Driver Signature c. Phone No.: d. Mailing Address de best of my Knowledge the foregoing is true and a semplete a-d, f, g, Operator's completes e.) b. Operator's Phone No.: ment are fully and accurately described above by prophy highway according to applicable international and go Operator's Signature % nonfriable	PRINT/TYPE I. Truck No.: Shipment Date ccurate. er shipping name and are classi vernment regulations. Date